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Vol. IV, No. 3 DECEMBER, 1928

The Journal of

The American Dietetic Association

PRESIDENT'S ADDRESS[1]

FLORENCE H. SMITH, B.S.

St. Mary's Hospital, Rochester, Minnesota

Last year, when speaking to you, I made certain recommendations and gave you my reasons for these recommendations. Our committee on revision has considered these recommendations and has presented them to you in the form of amendments. These amendments are today up for discussion and for your final decision regarding their acceptability as a part of our constitution. In the past year, I have many times had occasion to wish that these amendments were effective. As a member of your Executive Committee I recommend these amendments to you most heartily. Mistakes may have been made in suggesting and drafting them, if so, time will prove these errors and adjustments can be made.

We now have twelve state associations affiliated with the national association and other state associations not affiliated with the national organization. I believe the time is at hand to recognize these affiliated state associations in the national government of the association. Representatives elected by the state associations should have a voice in legislation affecting state associations, and in shaping the policies of the national association.

I would suggest that the state associations represented here call a meeting and discuss ways and means for developing a body of state representatives and present to the chairman of our Revision Committee a draft of an amendment which will give them a voice in the National Executive Committee meetings.

In an association as large as ours it seems unreasonable to expect your president and the members of her cabinet to outline the work which the

[1]Presented before the Eleventh Annual Meeting of the American Dietetic Association, Washington, D. C., October 29, 1928.

association should be doing from year to year. Rather they should be engaged in finding ways and means for doing work demanded by the various sections of the organization. It is the duty of the president, as outlined in the Constitution, to appoint the chairman of the various sections. If sections were organized electing their own president, secretary and treasurer, I believe any president (except under unusual circumstances) would be glad to support the indications of the sections regarding their choice for president of the section by appointing this officer as chairman of the section. In the section organization of some associations it is customary for the president, secretary, and treasurer each to hold office for one year only and for the secretary to succeed to the office of president, the treasurer to become secretary and so a new treasurer only is elected each year. This appeals to me as being a highly satisfactory way of conducting the section organization. The ability of the association to do work depends upon its sections. No president can hope to care for the interests of the association with sections made up of a few members who have been invited by a newly appointed section chairman to work with her for a few months. A committee appointed for a definite function may be able to do work under these conditions, but my idea of the work of the sections of the American Dietetic Association is that they should be doing the work of the association. That the time has come to consider this has been very well demonstrated by the tremendous amount of work which has been referred to the Section on Education. This is serious association business and should be in the hands of a well organized section rather than a committee, in order that the work may be stable.

In the situation of apathy in the Dietetic Association on the subject of organization for efficient work, lurks a danger. Without the guidance of the association young dietitians and layman are at the mercy of quacks who can be depended on to make the most of a condition of this kind. As I have said before, each section should be entitled to elect their own officers, and to elaborate the section organization as necessary to take care of the interests of all dietitians. Membership requirements should be based on national membership requirements plus any additional qualifications the section might choose to impose, thus stimulating interest in the section and making active section membership a reward for professional attainment. All interests of our members should be represented and protected by our sections or other sections formed as the need becomes apparent.

The Diet Therapy, or Section on Nutrition has unlimited possibilities for development. In 1924 the Diet Therapy Committee of the American

Dietetic Association discussed the simplification of diet procedures in hospitals and proposed a plan whereby the general house diet might be used as a basis for selecting foods for therapeutic diets.

Dr. Reginald Fitz in his address to the Diet Therapy Section of the association at that time made the following statement:

> Hospitals must set an example to their patients and personal by serving model normal diets which are inexpensive, easily prepared, palatable and well cooked; that contain sufficient bulk, calories and protein to cover the ordinary metabolic and digestive needs and that are so balanced in their food components as to be sound in theory and of practical usefulness.

In 1925, Dr. Russell M. Wilder in addressing the Diet Therapy Section said:

> The Science of Nutrition is still very young and, while it has made great advances, the possibilities of its future are still greater. The recent additions which it has made to our knowledge of the physiology of growth and reproduction, for instance, are of considerable importance. The possibilities of applying further studies on the physiologic effects of vitamins to the treatment of the sick are innumerable. A clearer appreciation of the influence of overnutrition and under-nutrition will undoubtedly enhance therapeutic methods. At the present time the chief disease of interest from the dietetic standpoint is diabetes. The present precise and rational dietetic management of this disease is highly satisfactory. Probably the dietetics of diabetes is receiving a disproportionate share of attention. In recent years hospitals have seemed to employ special dietitians primarily to provide for their diabetic patients. The application of similar feeding methods to the treatment of patients with other diseases was not considered practicable, yet it may yield equally valuable results.

Here are suggestions for work in two fields, Normal Nutrition and Diet Therapy. The field of work to be covered by this section alone is tremendous, and its possibilities are too great to be developed under our present committee plan of organization.

The work in the Business Office has been handled in a way which has given general satisfaction. The report from this office will be presented to you by the Business Manager and I would call your attention to the increased amount of work which has passed through our office this year.

THE JOURNAL OF THE AMERICAN DIETETIC ASSOCIATION has made such wonderful growth and development that I can scarcely restrain myself from telling you about it, but that privelege belongs to the Editor. The development is largely due to the untiring efforts of our Editor and I shall ask her to tell you of her joys,—and sorrows—if she has

any. I hear nothing but favorable comment regarding the Journal and many of us are looking forward to the time when we will find ways and means of making this a monthly publication. The report which our Business Manager will give you later will show that this may soon be accomplished. Our financial standing is comfortable but our editors so far have received only our thanks for their services and the Editor of a monthly publication should be entitled to something more.

One year ago this association celebrated its tenth anniversary. At that time the organization and growth of the association was reviewed in such an interesting way that we were made to appreciate the need of keeping the records of the association in a permanent available form: I would suggest that an historian be appointed by the Executive Committee to work with the president and business manager in collecting and arranging all material of historical value which can be found from the beginning of the organization to the present time and that this material be kept up to date and in a good state of preservation.

I want to call your attention to the work of the program chairman. Her contribution of time and effort is enormous. She works for many months with the section chairman, the president, and the publicity chairman, planning and replanning her program in order to represent the many interests of our members. She stands ready to fill any gaps which may occur at the last moment. Her time during the whole annual meeting is given over to our interests.

The Local Arrangements Committee carries the heaviest work imaginable during these conventions and for days before and after the annual meeting. This work falls on the members of the Local Dietetic Association and their friends. The arrangements of the local committees are so beautifully planned and carried out that we are apt to forget the team work necessary to produce such perfection. Our hostesses, the members of the Hospitality Committee entertain us without sparing themselves time and trouble so making our days pleasant and profitable. There are many of our members who are actively engaged in carrying on the business of the association. If you know of something that needs doing tell us and the new president or your section president will probably ask you to do it.

I close my term of office confident that we have reached a happy stage in the development of our National Association. We are no longer oppressed by limited membership or weak financial state. Numerically strong, we are now in a position to carry out many of the ideals and aims that have been fostered in the past. With the unprecedented success of the eleventh annual convention as an impetus, the coming year should find us fulfilling many of the dreams of the past.

LABOR ORGANIZATION, LABOR TURNOVER AND FOOD COSTS IN THE HOSPITAL DIETARY DEPARTMENT FOR THE YEAR 1927–1928

S. MARGARET GILLAM

Chairman, Section on Administration

Following the suggestion that the study of the Hospital Dietary Department which was begun last year, should be continued, the Section on Administration decided to study more in detail the two problems which seem most outstanding in the administration of food service in hospitals today, personnel and finances, or labor organization and management, and food costs.

A questionnaire on this subject was prepared by the New York Dietetic Association, under the direction of Mary Northrup and Elizabeth Baldwin, and the study was furthered through the local and state dietetic associations in various sections of the country. These organizations have had, with few exceptions, very excellent response and the 128 replies herewith recorded are probably from our most representative hospitals.

It is hoped that the preliminary studies made both last year and this will be suggestive to administrative dietitians and stimulate an effort to reach definite standards (if such is possible) for various sections of the country. Through these studies the average, at least, is obtained of all the hospitals participating and the nucleus is formed for constructive information. It is hoped also that these studies will stimulate interest in arriving at definite standards for service rendered and result in comparative studies from a critical point of view of the hospital food department with the averages or standards today. The information obtained will at least be useful as an indication of the general trend in management and costs.

The replies for uniformity, in making this a continuation of last year's report, are tabulated as follows:

Group I— 1 to 100 beds—22 hospitals reporting
Group II—100 to 126 beds—19 hospitals reporting
Group III—126 to 200 beds—26 hospitals reporting
Group IV—200 to 300 beds—26 hospitals reporting
Group V—300 and over —35 hospitals reporting

In Group I, 1 municipal, 3 state, 13 private, 2 denominational and 3 unclassified hospitals are reported. In Group II, 1 municipal, 2 state, 8 private, 4 denominational and 4 unclassified are reported. In Group III, 6 municipal, 1 county, 2 state, 9 private, 6 denominational and 2 unclassified are reported. In Group IV, 4 municipal, 2 county, 4 state, 8 private, 5 denominational and 3 unclassified are reported. In Group V, 7 municipal, 2 county, 5 state, 7 federal, 5 private, 3 denominational, and 6 unclassified are reported.

TABLE 1

	AVERAGE NUMBER OF BEDS	AVERAGE NUMBER OF MEALS	AVERAGE TOTAL EMPLOYEES	AVERAGE NUMBER HIRED, 1927	LABOR TURNOVER	AVERAGE TOTAL HOURS DAILY WORK
					per cent	
Group I	67	289	7	10	142	65½
Group II	112	566	13	20	153	112
Group III	160	756	16	21	131	142
Group IV	243	1,090	22	23	104	200
Group V	597	2,588	47	45	95	407

TABLE 2

	AVERAGE HOURS PER DAY	DAYS OFF PER WEEK	ANNUAL VACATION	PER CAPITA COST		AVERAGE TOTAL EXPENDITURES, SALARIES AND WAGES
				Food	Labor	
			weeks			
Group I	9	¾	2	$0.57	$0.16	$ 463
Group II	8½	¾	2	0.49	0.14	809
Group III	8¾	1	2	0.55	0.158	1,196
Group IV	9	¾	2	0.62	0.19	2,082
Group V	8½	1	2	0.51	0.11	2,847

TABLE 3

	MONTHLY COST EQUIPMENT			MONTHLY COST OVERHEAD		
	Cleaning supplies	Dishes	Miscellaneous	Refrigeration	Fuel	Miscellaneous
Group I	$12.62	$18.38	$12.97	$66.13	$64.10	$19.00
Group II	28.84	36.92	36.71	55.34	92.88	39.84
Group III	32.37	53.27	40.31	81.20	151.73	109.83
Group IV	36.00	35.14	52.37	73.71	127.61	65.00
Group V	146.68	231.95	164.54	109.75	209.60	201.86

SUMMARY AND CONCLUSIONS

No general conclusions of a study of this kind seem possible until the final summary is made and it is at this point that the great variations seem to shape themselves into rather possible and interesting figures.

Table 1. It is rather interesting to note that the total average number of employees and the number of hours of labor in each group increase quite proportionally with the bed capacity of the hospital, and the number of meals served. The labor turnover is higher in our hospitals under 125 beds, and in all groups, except in hospitals over 300 beds, it is above 100 per cent. The greatest labor turnover is in the waitress and tray maid group.

TABLE 4

Food service to patients

	WARD SERVICE			CENTRAL SERVICE		
	Ward patients	Private patients	Special diets	Ward patients	Private patients	Special diets
Group I	5	2	1	10	9	7
Group II	8	6	5	8	4	5
Group III	13	7	6	13	13	13
Group IV	20	12	13	6	4	8
Group V	19	12	12	9	4	9

Table 2. The average hours of work per day are $8\frac{1}{2}$ to 9 hours but it was not unusual in certain sections of the country to find the employees working 10 and 11 hours, particularly in the South and in Canada, and in these two sections, the wages were notably lower. The average annual vacation is 2 weeks with some hospitals giving a month's vacation and some none. The per capita cost of food ranges from 49 to 62 cents and the per capita cost of labor is from 11 to 19 cents a day for the food department.

Table 3. The monthly cost of equipment and overhead is too varied to be of use except as a general indication.

Table 4. This shows that hospitals under 100 beds use central tray service to a large extent. The hospitals of 100 to 200 beds are about equally divided between the ward and central tray service. Hospitals over 200 beds favor ward service.

Table 5. This indicates that for the most part, the dietitian supervises the preparation of the tray and the nurse takes the responsibility of serving the tray.

TABLE 5

Food service to patients

	SUPERVISION FOOD SERVICE			TRAYS SERVED BY		
	Ward patients	Private patients	Special diets	Ward patients	Private patients	Special diets
Group I						
Dietitian	12	11	9	2	2	1
Nurse	5	6	4	12	11	12
Housekeeper	3	3	3	3	3	3
Cook				1		
Maid				3	2	
Group II						
Dietitian	11	11	12	1	0	1
Nurse	8	4	0	10	6	8
Housekeeper	1					
Cook						
Maid						
Group III						
Dietitian	17	15	14	1	2	5
Nurse	9	6	4	14	13	11
Housekeeper	1			1		
Cook					1	
Maid				5	3	1
Group IV						
Dietitian	16	13	16			2
Nurse	9	4	2	15	12	10
Housekeeper						
Cook						
Maid			1	4	2	3
Group V						
Dietitian	13	14	19	0	1	1
Nurse	15	4	2	18	14	14
Housekeeper						
Cook						
Maid	1	0	0	8	5	4

Table 6. There is still a preference of waitress over cafeteria service in the hospitals reporting.

TABLE 6

Food service to personnel

	WAITER OR WAITRESS SERVICE			CAFETERIA SERVICE		
	Staff	Nurses	Employees	Staff	Nurses	Employees
Group I	22	22	18	0	0	4
Group II	17	14	13	2	5	6
Group III	23	21	18	2	4	7
Group IV	26	21	15	1	6	12
Group V	31	26	15	1	8	15

Note: These figures show in each case the number of hospitals.

TABLE 7

Method of dishwashing

	FOR PATIENTS		FOR PERSONNEL	
	By hand	By machine	By hand	By machine
Group I	7	15	8	14
Group II	10	9	3	16
Group III	8	18	7	18
Group IV	13	14	5	22
Group V	13	22	6	29

TABLE 8

Detail of wages of employees showing the minimum and maximum average

	CHEF		COOKS		BAKERS		DISH-WASHERS		KITCHEN HELPERS		WAITER OR WAITRESS		TRAY MAID		OTHERS	
	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
Group I	112	124	76	85	56	56	47	47	47	49	44	46	43	44	43	43
Group II	117	121	62	75	66	71	44	47	46	50	38	43	38	42	37	40
Group III	132	134	70	90	85	90	42	47	46	51	41	46	37	40	41	51
Group IV	133	142	84	90	106	110	47	51	51	57	44	51	45	48	53	55
Group V	134	154	71	98	91	116	51	59	41	57	42	61	38	47	61	84

Table 9. This table gives a rather interesting graphic illustration of employment.

This committee agrees with the New York report that the factors influencing labor turnover are usually too vague to be shown by the ques-

TABLE 9

	CHEF	COOKS	BAKERS	DISHWASHERS	KITCHEN HELPERS	WAITERS AND WAITRESSES	TRAY MAIDS	OTHERS
Group I:								
Male or female	7—M. 0—F.	7—M. 11—F.	0—M. 2—F.	12—M. 4—F.	9—M. 9—F.	4—M. 16—F.	0—M. 11—F.	2—M. 3—F.
Annual vacation	1—none 6—2 wks.	1—none 12—2 wks.	2—2 wks.	1—none 11—2 wks.	3—none 14—2 wks.	1—none 15—2 wks.	10—2 wks.	1—none 4—2 wks.
Living "in" or "out"	7—in 0—out	11—in 5—out	1—in 1—out	9—in 7—out	10—in 7—out	12—in 7—out	9—in 2—out	3—in 2—out
Number in room	1 to 2	1 to 2	1 to 2	1 to 3	1 to 3	1 to 2	1 to 2	1 to 2
Group II:								
Male or female	10—M. 3—F.	7—M. 11—F.	0—M. 3—F.	6—M. 11—F.	9—M. 10—F.	1—M. 17—F.	0—M. 10—F.	1—M. 4—F.
Annual vacation	1—1 wk. 10—2 wks.	1—1 wk. 15—2 wks.	1—1 wk. 1—2 wks.	1—1 wk. 14—2 wks.	1—1 wk. 14—2 wks.	1—1 wk. 15—2 wks.	2—1 wk. 7—2 wks.	1—1 wk. 4—2 wks.
Living "in" or "out"	9—in 4—out	13—in 6—out	3—in 0—out	11—in 7—out	13—in 4—out	15—in 4—out	8—in 2—out	5—in 0—out
Number in room	1 to 2	1 to 2	1	1 to 4	1 to 4	1 to 3	2 to 3	2 to 3
Group III:								
Male or female	10—M. 4—F.	8—M. 15—F.	7—M. 4—F.	12—M. 9—F.	16—M. 10—F.	2—M. 20—F.	0—M. 17—F.	8—M. 2—F.

Annual vacation	1—1 mo. 6—2 wks.	1—none 14—2 wks.	2—1 mo. 5—2 wks.	1—none 12—2 wks.	1—none 14—2 wks.	1—none 14—2 wks.	1—1 mo. 12—2 wks.	1—1 mo. 8—2 wks.
Living "in" or "out"	10—in 5—out	15—in 9—out	6—in 5—out	11—in 8—out	16—in 8—out	18—in 6—out	12—in 5—out	6—in 5—out
Number in room	1 to 2	1 to 3	1 to 2	1 to 4	1 to 4	1 to 4	1 to 4	1 to 6
Group IV:								
Male or female	14—M. 2—F.	14—M. 11—F.	11—M. 7—F.	18—M. 5—F.	13—M. 8—F.	1—M. 23—F.	2—M. 18—F.	7—M. 11—F.
Annual vacation	2—1 wk. 14—2 wks.	6—1 mo. 18—2 wks.	3—1 wk. 15—2 wks.	5—1 wk. 17—2 wks.	5—1 wk. 18—2 wks.	5—1 wk. 18—2 wks.	5—1 wk. 13—2 wks.	3—1 wk. 14—2 wks.
Living "in" or "out"	6—in 9—out	15—in 10—out	6—in 12—out	15—in 9—out	14—in 10—out	16—in 9—out	11—in 10—out	9—in 9—out
Number in room	1	1 to 2	1	1 to 3	1 to 3	1 to 3	1 to 3	1 to 2
Group V:								
Male or female	31—M. 2—F.	30—M. 4—F.	26—M. 5—F.	28—M. 4—F.	26—M. 7—F.	7—M. 25—F.	6—M. 22—F.	10—M. 4—F.
Annual vacation	2—none 22—2 wks.	2—none 25—2 wks.	2—none 23—2 wks.	2—none 22—2 wks.	2—none 23—2 wks.	2—none 22—2 wks.	2—none 21—2 wks.	3—1 wk. 8—2 wks.
Living "in" or "out"	13—in 19—out	16—in 16—out	12—in 17—out	16—in 15—out	21—in 11—out	22—in 9—out	20—in 7—out	6—in 7—out
Number in room	1 to 2	1 to 2	1 to 2	1 to 4	1 to 4	1 to 5	1 to 6	1 to 6

tionnaire method. The committee also emphasizes certain points that were so well stated by Miss Mary Northrup in charge of the New York study.

(1) The 48 hour week is advocated for labor in industry. Our hospital food service employees work from 48 to 65 hours a week and this time is broken time, making the day in certain instances from 4:30 a.m. to 7 p.m. It is noted that long hours did not influence labor turnover; however, the efficiency of the worker is questioned.

(2) Unskilled labor in industry is receiving more, certainly, than the hospital employee under consideration in this report.

(3) The practice of housing and boarding the food service employees does not have a stabilizing influence. The employees live 1 to 6 in a room and in some instances very little thought is given to the type of food served or to the dining room surroundings. Employees with homes are not attracted to this type of work.

(4) The greatest turnover of labor is in the hospitals situated near resorts. No such opportunity to go to the country is offered industrial workers during the summer months.

(5) In industry, workers must make application for work. Applications are carefully investigated. Vacancies are anticipated. No such system prevails in the hospital food service department. We hire the worker who presents himself at the moment when needed.

Members of the Administration Section Committee, American Dietetic Association, 1927–1928:

Mrs. Louise Yeomans Gilbert, Presbyterian Hospital, Chicago—Chicago and vicinity.

Helen B. Anderson, Scripps Metabolic Clinic, La Jolla, California—California.

Ruth E. Cooley, Jewish Hospital, St. Louis, Missouri—State of Missouri.

Mame T. Porter, Toronto General Hospital, Toronto, Ontario—Toronto and vicinity.

Louise Marty, Asbury Hospital, Minneapolis, Minnesota—State of Minnesota.

Rosina Vance, Massachusetts General, Boston, Massachusetts—Boston and vicinity.

Edith R. Tilton, State University Hospital, Oklahoma City, Oklahoma—State of Oklahoma.

Alice M. Flint, Rhode Island Hospital, Providence, R. I.—Providence and vicinity.

Mary Northrup, Montefiore Hospital, New York City—New York City.

I. Leslie Hunter, Bridgeport Hospital, Bridgeport, Conn.—State of Connecticut.

Ruth E. Forsberg, Minor Hospital, Seattle, Washington—States of Washington & Oregon.

Effie May Winger, Rochester General Hospital, Rochester, N. Y. —Western New York.

Alma Bering,—Shephard and Enoch Pratt Hospital, Towson, Maryland.

POLISH FOOD HABITS[1]

MARIE MORZKOWSKA, M.S., AND LAURA McLAUGHLIN, PH.D.

There are more than two million Poles in industrial centers of the United States. Scattered through the agricultural districts, in New England, Wisconsin, Ohio and Illinois are hundreds of thousands more. Living conditions and food habits must undergo readjustment since most of these immigrants were peasants on farms where facilities for marketing, storing and preparing food were very different from those in America.

Our study of data collected in Poland in the fall of 1926 shows something of food habits of Poles at home. However, before analyzing these dietaries some more general observations are of interest. Food consumption figures bring out differences between Polish and American dietaries and comparisons of typical menus emphasize other differences.

A Pole is more likely to begin the day with tea than with coffee. At the four or five meals of the day, the staff of life is truly rye bread, among the peasants, a coarse black bread depending on wild yeasts for fermentation; in the cities a finer flour and cultivated yeasts are used.

Baking powder is almost unknown. Several varieties of cereals play a large part in the diet but not in the form of prepared breakfast foods. Barley, buckwheat, millet or wheat grits are made into thick porridges and sour soups, or are baked in the oven with salt pork and served with meats or milk.

A Pole eats less than half as much meat as an American (10; 9, p. 1145), but it must be remembered that peasants make up almost 40 per cent of the population and among them meat, usually in the form of pork sausage, is eaten only on special occasions, as weddings or holidays. Pork is preferred to beef and veal by peasants of the Pomorze, a port in northern Poland (6, p. 118), whereas in the United States almost as much beef as pork is consumed (9, p. 1144). In the country, game, especially partridges and wild hares, and smoked meats "jerked" over aromatic

[1] From the department of Foods and Nutrition, Iowa State College of Agriculture and Mechanic Arts. This dietary study was made by Marie Morzkowska in partial fulfillment of the requirements for the degree of master of science.

fumes in squires' houses are favorite delicacies (7, p. 123); in the cities, brain, liver, tripe, lungs and tongue are preferred to muscle meats.

Potatoes are eaten extensively in Poland and are thought to be a necessary constituent of every cooked meal; cabbage, particularly as sauerkraut, is almost as popular. Beets head the list of vegetables for making soups. Barscz, made from fermented beets with the juice of fresh beets added to give a red color, is a favorite soup. Vegetables are cooked for a long time and are usually served in a thick sauce. Fresh fruits, though less abundant, are the same as those in the United States; citrous fruits, dates, figs and sub-tropical fruits are imported.

Milk and eggs are used freely in the country but the milk supply for the cities is not well organized. Salt pork, more than lard and butter, is used for fat; butter is a valuable export. The per capita consumption of sugar is less than one-fifth of that in the United States (9, pp. 1007, 1011, 1013).

Daily menus showed a marked preference for the flavor of lactic acid and other products of fermentation. Sour milk and cream are used in large quantities and fermented vegetables and grains appear on the daily menus almost constantly.

The following are typical November menus for two classes of families whose dietary habits were studied in Poland:

Menu for a typical day in a peasant family

Breakfast: Zur (recipe below), boiled potatoes, black bread.
Dinner: Sauerkraut soup with peas, potatoes, barley with milk, black bread.
Supper: Sour milk, boiled potatoes with salt pork, black bread.

Zur, or soup from fermented rye flour, is made by scalding a quart of coarse rye flour or black bread crumbs; this mixture is put in a stoneware jar in a warm place for 48 hours. When it begins to ferment, it is cleared by adding cold water, the mixture is then covered and set in a cold place to be used as a foundation for soups. The fermented liquid is thinned with hot water or vegetable broth. Sliced raw potatoes and a few minced mushrooms are added. It is cooked until the potatoes are done, then the soup is thickened with white sauce made of sour milk or cream.

Menu for a typical day in a squire's family

Breakfast: Rye bread and butter, plum marmalade, raw smoked bacon, tea or cereal coffee with milk and sugar.

Dinner: Puree of vegetable soup, croutons, roast hare, mashed potatoes, beets, sauerkraut salad, baked apples, black coffee.
Afternoon Tea: Raw apples, rye bread with butter, milk or tea with sugar.
Supper: Smoked ham, bread and butter, rice and apple pudding, tea with sugar.

In preparing the hare for the oven it is placed in contact with spices and pungent vegetables for an hour. A short time before removal from the oven a cup of sour cream thickened with flour is poured over the hare and allowed to brown.

Our experiences in a town in Iowa while endeavoring to make three Polish dishes with the flavor and appearance of those of the old country illustrate the difficulties of trying to maintain old habits in a new environment. Celeriac, Hamburg parsley and certain roots needed for a vegetable soup could not be bought at a city market or obtained from a greenhouse noted for its vegetable crops. Bigos, the most frequently served cabbage dish, to be good, requires freshly homemade sauerkraut instead of using that obtained from the omnipresent can. Cottage cheese for dumplings should be so dry that it can be grated. Nor was it possible to obtain coarse rye flour.

Purpose of dietary study. As a first step toward an investigation of Polish food habits, it was proposed to collect data on the food consumption of a few groups and later to analyze these dietaries and compare them with standards set by European and American nutritionists.

Choice of groups. Nearly seventy per cent of the people of Poland are engaged in agriculture. Of this rural population, approximately 58 per cent are peasants and 42 per cent gentry. The investigators decided to study the diets of a representative family from each group.

The third group represented a class numerically increasing, made up of girls in a school of domestic science who were preparing themselves for professional life.

Two other groups, an orphanage in Pruszkow and one in Warsaw, were chosen because of their immediate need for help and because they also represented a large class. Immediately after the war the total number of orphans in Poland was estimated as 750,000. In the capitol, Warsaw, with its population of about one million, there were more than 55,000 children in orphanages. Many of these were refugees from Russia, born during the war (7, p. 153), and with evidences of the almost inevitable malnutrition.

Constitution of groups. 1. A peasant family of nine persons: two men at hard work on a farm; four women at hard work, chiefly the care of cows, pigs and poultry and some household duties; two girls, 16 and 18 years old, servants in a squire's family; one girl, 11 years old, going to public school.

2. A squire's family of fourteen persons: two men, very active in supervising farm laborers and in hunting; four women, active in gardening and housekeeping; three women over sixty years of age, engaged mostly in handicraft and reading; two girls, 10 and 11 years old; three children, one, three and five years old.

3. A school of 30 girls, 19 to 22 years of age; three teachers, 21 to 23 years old.

4. An orphanage in Pruszkow with 48 children having an average age of 11 years; eight women at moderate work.

5. An orphanage in Warsaw with a total of 110 children, 57 boys with an average age of 12.5 years and 53 girls with an average age of 15 years; 24 women.

Methods of gathering data. Data for the family dietaries were obtained by weighing foods daily for two weeks. For the other dietaries, data were secured from detailed records kept by the institution housekeepers. For the domestic science school monthly records of foods served were used; these were based on daily weighings made during October and November while the junior author was teaching in the school. Data for the orphanages were derived from records of daily weights of food consumed during November. One week's record was considered sufficient for the Pruszkow orphanage since there was no change, during the month when the study was made, either in menu, amount of food eaten, or in the number of persons served.

Method of calculating on a unit basis. In arriving at comparable food consumption figures for all dietaries it was necessary to allow for difference in age, sex and activity. A table was made based on Hawley's scales (3) in which the needs of women and children are expressed in fractions of a man's requirements; in these tables provision is made for the relatively greater needs of growing children for proteins and mineral salts.

Sources for estimating food values. Computation of the approximate composition of most of the foods was made using the tables of Atwater and Bryant (1). Mineral contents of foods were calculated using Sherman's tables (8). Approximate composition of foods used in large quantities, and thought to differ from American foods, such as barley,

bread, flours and potatoes, were calculated from figures by König (5), Maurizio (6) and Brishu and Dichio (2).

Discussion of nutritive values of diets. 1. Peasant family. The diet was monotonous; during the two weeks only eight different foods were weighed out and eaten. These averaged per person per day: barley, 16 grams; black rye bread, 500 grams; wheat flour, 44 grams; milk, 1,030 grams; dried peas, 10 grams; salt pork, 34 grams; potatoes, A.P. 613 grams; sauerkraut, 200 grams. Yet except for a slightly low energy value, the diet judged by commonly accepted standards was adequate. This family constituted the servants for the squire's family, who had a varied diet. The chances are that at least some members of the peasant family secured a few tidbits from the squire's table.

TABLE 1

Average daily food consumption per unit

GROUP	PROTEIN	FAT	CARBOHYDRATE	ENERGY		Ca	P	Fe
				Total	From protein			
	grams	*grams*	*grams*	*calories*	*per cent*	*grams*	*grams*	*grams*
1. Peasant family	111.3	75.5	439.0	2,881	15.4	1.572	2.109	0.0211
2. Squire's family	83.6	153.4	427.3	3,424	10.1	0.918	2.393	0.0222
3. Domestic Science School	64.8	92.4	450.3	2,892	9.0	0.589	1.240	0.0150
4. Orphanage in Pruszkow	62.6	60.8	460.8	2,640	9.5	0.644	1.363	0.0149
5. Orphanage in Warsaw	60.6	55.0	384.3	2,274	10.5	0.503	1.124	0.0136

2. Squire's family. The dietary, made up of 25 foods, included apples, several vegetables, beef, smoked ham, some butter and sugar. It appeared to be adequate in all respects. Potatoes were the chief source of vitamin C for this family as well as for the peasants.

3. Domestic Science School. The diet was varied, but fell slightly below the standards for energy, protein and phosphorus. The use of less than a cup of milk per person per day accounted for the low calcium content. Generous quantities of rye bread and potatoes were used. One startling item was 35 grams of cucumber pickles per person per day throughout the two months. There were less than 14 grams of butter per day.

4. Orphanages. These diets showed marked deficiencies. The energy value of the Warsaw diet was 24 per cent below the standard 3,000 calories per unit. The somewhat low protein content was furnished largely by bread and a very low intake of milk and vegetables accounted

for the low calcium and phosphorus. In the orphanage in Pruszkow eggs and fish were served twice a week and more vegetables were eaten, thus increasing the phosphorus content of the diet. Yet if these children had enough to eat, or in other words, if the energy values of the diets had been increased to 3,000 calories per unit the food intake would have been judged adequate by our standards.

Proportions of classes of foods. Foods for a typical day for each group of people were classified according to a plan proposed by Hunt (4).

Table 2 emphasizes the low vegetable and fruit content of the diet of the Warsaw orphanage, the markedly low provision of "efficient" protein for this group as well as for the Domestic Science School, and also the high cereal content of all economical diets. It brings out one cause of

TABLE 2

Energy from various classes of foods

	VEGETABLES AND FRUITS	PROTEIN FOODS	CEREAL PRODUCTS	FATTY FOODS	SWEETS
	per cent	*per cent*	*per cent*	*per cent*	*per cent*
Hunt standard	20.0	25.0	25.0	20.0	10.0
Peasant family	22.4	24.3	43.9	9.4	0
Squire's family	17.3	21.5	23.5	28.9	8.8
Domestic Science School	17.2	11.6	45.1	15.2	10.9
Pruszkow orphanage	20.4	20.3	48.3	6.6	4.4
Warsaw orphanage	13.5	13.9	61.4	8.6	2.6

the difference in flavor between the cheaper Polish and American diets, due to the variance in content of fatty and sweet foods.

The four economical diets of our study show the effects of years of unfavorable social and political conditions. In spite of the urgency for stringent economy in these groups, their food problems have been solved to an extent scarcely expected in diets so monotonous or so strikingly high in bread-stuffs.

Writers who have studied Polish immigrants in America find that they spend disproportionate sums for the food obtained. Expensive cuts of meat, and sweets to which they were formerly unaccustomed, seem too desirable; coffee has more flavor than milk; expensive, refined, packaged cereals ready for the table have replaced whole cereals. It is important to the Poles in America that they retain the good in their old food habits while learning new ones.

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THE NORMAL METABOLISM OF SODIUM CHLORIDE AND ITS IMPORTANCE IN NUTRITION[1]

DR. ASSEN HADJIOLOFF

Assistant in Medicine, University of Sofia, Bulgaria

The considerable importance of mineral salts in physiology as in pathology has long been recognized, yet it is particularly in recent years that this biologic importance of mineral substances has been clearly brought out. This has been due largely to improvements in our methods of biological chemistry and also to that general tendency of the age to investigate and emphasize the "infinitely small." Thus the quantity of mineral matter in organisms and in foods has been ascertained, and there have been found existing in individual organs minute quantities of such mineral matters, formerly considered toxic and destructive to living cells, as are now known to play no small part in the latter's physicochemical reactions. This has been demonstrated in particular by G. Bertrand and his pupils at the Pasteur Institute.

We cannot discuss here every question raised and settled regarding the metabolism of mineral substances. The point to be stressed is that, though the question of sodium chloride is one of the oldest in the physiology of nutrition, it has taken on a new aspect. Sodium chloride cannot be considered save in connection with the totality of mineral substances although it does rank first among them both quantitatively and qualitatively.

Minerals distributed in the various tissues and fluids of the body make up 4.7 per cent of the total body weight—in other words, for an adult weighing 70 kgm. the weight of mineral salts would be 3 kgm. (Achard). This quantity is constantly changing throughout life.

We are still very far from knowing every detail of the metabolism of minerals. In a normal subject on a normal diet the excretion of 26 to 30 grams of mineral salts would be distributed as follows:

In the urine	21.229
In the feces	3.49
In the perspiration	2.50

[1] Translated from the French by James H. Huddleson, M.D.

The content of sodium chloride in each of these is considerable, amounting to one-half or sometimes more. The importance of mineral salts is at once obvious, if we recall that they are scattered throughout the entire organism and that in a remarkable manner they control the acid-base balance on the one hand, and the osmotic and colloidal equilibrium of fluids on the other, at the same time taking part in all the physico-chemical reactions of the cellular colloidal particles (micellae) and so either activating or actually producing the vital phenomena. Life cannot continue without mineral salts.[2]

The use of common salt or sea salt is traceable to remotest antiquity, being even older than humanity itself, for it is not the human being alone that seeks salt. This need and desire for salt is experienced by many species of animals. The salutary effects of sodium chloride upon their flocks have long been known to shepherds. It has also been observed that this strong need of salt is expressed particularly by herbivorous animals and by vegetarian peoples.

We pause to emphasize this need of sodium chloride, extremely widespread not only among men—to whom we attribute a superior intelligence and such culinary culture as would dictate its use solely as a seasoning, as we use all other seasoning and which we could easily forego without inconvenience—but also not unusual in those animals whose instincts react most strongly to natural needs.

The above considerations taken alone are sufficient to lead us toward regarding sodium chloride not as a mere seasoning (and the craving for it not as a habit like that for alcohol), but rather as an inorganic form of nutrition, quite essential to the vital functioning of the organism. Consequently, the use of table salt is no cook's fancy, but a direct response to a primary need equal to the need for water and organic nutrition. We shall be convinced along these lines by following the modifications that sodium chloride undergoes in the body, and its participation in all functional processes.

At this point, we must turn our attention again to a circumstance more historic than biologic. Research reveals that among African negro tribes whose diet is mainly vegetable, common salt is considered a precious food. The children suck sticks of it as our children suck candy. Moreover, salt served as currency for a long time (for example, among Abyssinians, Ethopians, etc.) and a handful of salt was a valuable commodity worth one or two slaves. An Abyssinian custom, even more curious, was

[2] In a second article, the metabolism of sodium chloride and its importance in the diet under pathological conditions will be discussed.

that of carrying a small piece of salt in one's pocket, and upon meeting, two friends "would produce their little pieces of salt and offer each other a lick"—similar to our way of offering tobacco, from a biological point of view far inferior to the custom of the Abyssinians. When this treasured food became scarce, nations engaged in actual wars for possession of salt sources. Bunge, who first raised the question of the importance of sodium chloride as a nutritive substance, offers valuable evidence along this line. He states that those African tribes that did not posses salt often added to their food ashes obtained from the calcination of various plants or the feces of herbivorous animals. This procedure became rarer as civilization penetrated these regions, bringing common salt. A more recent circumstance endorses this inevitable need for sodium chloride, especially with a vegetable diet, which increases the alkalinity of body fluids: Nansen, in reports of his explorations of arctic regions, emphasizes that his desire for sodium chloride became more acute as he began to sustain himself entirely on vegetable foods. We are led to believe conclusively that local customs accruing around sodium chloride have their source in an organic need and vary with changes in nutrition. It is known that some peoples, e.g., of the Mediterranean littoral, use very large quantities of table salt, and in general the quantity of salt consumed varies in direct proportion as the diet is vegetarian.[3]

The entire quantity of common salt which the human organism requires is supplied by its foods; either because they contain it or because salt is added in the more or less complex culinary processes that endeavor on one hand to preserve the food (and therein lies a capital importance of sodium chloride) or on the other to make it more digestible and more palatable to our refined taste. Ordinary food, above all that of the vegetable kingdom, contains very little salt. We shall see later the content of sodium chloride in various foods, in fact, we can even speak of "the ration of table salt." It is an amount that varies greatly with geographic location, seasons, and the food-customs of different nationalities. Starting with 10 grams this daily ration can reach 50 grams, if the "menu" is well salted. As an example, in France the official salt ration for a soldier is 16 grams under conditions of peace and 20 grams in time of war; in the navy the ration is 22 to 24 grams. Certainly there are peoples whose

[3] Thus it is that popular belief holds salt as vital as bread, and that among peoples practicing hospitality as an art (like the Bulgarian and Slavic races in general) an offer of bread and salt is a symbol of hospitality. Even today, upon your entering the poorest hut, the table is laid immediately and if nothing is ready to serve, you are offered bread and salt mixed with red pepper.

use of salt added to food is considerably reduced. It may even be lacking entirely, as among essentially carnivorous races who do not bleed the animals they eat in order to conserve the blood, rich as it is in sodium chloride. In any case it is evident that whether by the direct addition of salt, or whether indirectly by the choosing of foods that are rich in it, man is assured his quota of sodium chloride. Sodium chloride undergoes no change in the digestive tract and is absorbed in its original form into the circulating blood and fluids of the body.

Before inquiring into what happens to the salt supplied by nutrition, let us see first what amount of sodium chloride a normal organism loses in its secretions and excretions. Speaking generally, it can be stated that sodium chloride exists in all secretions and excretions of the body; however, in certain secretions it is not lost to the organism, but reabsorbed, as in the case of bile, and gastric, intestinal and pancreatic juices. Other external secretions take salt from the organism, as do saliva (in part), milk and perspiration. In this last the chief mineral substance is sodium chloride, which may reach 70 to 80 per cent of the ash, or two parts per thousand of the perspiration itself. That is, taking the mean of 750 grams of perspiration a day, one finds a man eliminating 1.50 to 4 grams of sodium chloride through perspiration. Tears, also, have a large sodium chloride content, up to thirteen parts per thousand. The loss of sodium chloride may be considerable in weeping, but still a certain amount is reabsorbed by the nasal mucosa. The feces contain very little salt—2 per cent of the ash.

Elimination of sodium chloride may reach a high degree on account of vomiting and expectoration in pathologic states. Under normal conditions the principal route of salt-elimination is through the kidneys. The greater part of the mineral constituents of urine is made up of sodium chloride. The following are excreted in twenty-four hours (Achard):

	grams
NaCl	9–14
K_2O	2–4
SO_3	2
P_2O_5	2.50

This makes a total of about 22 grams of mineral salts, or four-fifths of all the salts excreted. The excretion of salt in the urine is subject to marked variations, which in the normal state correspond generally to the variations in sodium chloride ingested. It must be added, that excretion of sodium chloride by the kidneys does not commence until after its

concentration in the blood exceeds the threshold of 5.60 grams per thousand (Ambard).

The passage of sodium chloride through the kidneys and the exact locus of this activity are questions that have been meticulously scrutinized by physiologists as well as pathologists. Despite these efforts, this problem has not been completely solved, so that we are still left in the domain of hypothesis. According to the oldest theory (Ludwig, 1844), now abandoned, sodium chloride and the other urinary constituents are simply filtered through the renal glomerulus. Another theory (Heidenhain, 1879, and Koranyi, 1897) maintains that sodium chloride and water are secreted by the glomerulus but undergo reabsorption in the tubule, which is said to secrete the urea and other urinary substances.

It follows from all that has been said of the input and output of sodium chloride, that the quantity introduced into the organism is nearly equal to that eliminated by it. This quantity varies from 15 to 30 grams. If we were to stop short at this sodium chloride balance, we would say that the salt was valueless to the organism and merely a seasoning to tickle the palate. But if we examine attentively the circulation of sodium chloride in the body, its participation in the physiologic reactions and processes, such an attitude is immediately broken down.

If, first of all, we take the sodium chloride content of the various body-fluids and tissues, we shall see that it is everywhere and in considerable amounts:

	per mille
In whole blood (with the red blood cells)	5.37
In blood serum	6.82
In whole lymph	7.43
In cerebrospinal fluid	5.25–7.30

According to Magnus Lévi, the sodium chloride content of a normal man may reach 160 to 200 grams (nearly half a pound!). In a new-born child the proportion is still higher, being 3.5 grams per kilogram of weight.

If we accept Quinton's hypothesis that our cells live in a suspension of sea water (a mode of existence dating from the origin of life in the sea), considering that the proportion of common salt in the body approximates that of sea water, we may say that it is the sodium chloride that retains the quantity of water so indispensable to life. Thence emerges one of the most important functions of sodium chloride in the body; it is due to this substance permeating the whole organismic structure that osmotic pressures, associated with molecular concentration in general, can be maintained and regulated. We cannot analyze all the laws that govern the

movements of water, sodium chloride, and salts in general, but we can say simply that there are physical and bio-physical laws among which the most important is that water moves from the region of least concentration to that of greater (containing the greater number of molecules), and that sodium chloride moves from a region of greater concentration to one of lesser. The greater the difference between the two concentrations, the more rapid are the movements by which the exchange of liquids and salts is effected. A logical consequence of this molecular equilibrium is the resulting protection to the form of the organism's cells, a protection absolutely necessary to a satisfactory accomplishment of cellular functions—termed by Achard the *cell protecting* (cytophylactic) function of sodium chloride.

According to the experiments of Klein, Verson, etc., the omission of salt from the diet diminishes weight, whereas small doses of salt ingested during a fast raise the water content of the tissues and increase the weight. This influence upon weight is indirect and takes place only through the agency of water according to the laws just mentioned. Alongside of this general and chief importance, sodium chloride has still other functions no less important.

Sodium chloride reaches the circulation in its original form, moreover it does not enter into combination with the other compounds found in the organism. Certain authors, however, surmise that it does combine with proteins. A compound so formed would be exceedingly unstable and we may doubt its being a genuine chemical compound.

Beyond this, sodium chloride (at least 95 per cent of it) undergoes an electric or ionic dissociation in the body fluids, viz., $NaCl = Na^{\cdot} + Cl'$. In general these two ions move together, but there is a place where they separate, so that on one side we have chlorions forming free hydrochloric acid, and on the other sodions raising the alkalinity of the blood. This ionic separation takes place solely at the level of the gastric mucosa. Certainly the hydrochloric acid of the stomach is formed at the expense of the sodium chloride of the plasma, but we are ignorant of the mechanics of excitation and control of this reaction.

The ionization follows these equations: $NaCl + H_2O = HCl + NaOH$. $2\,Na^{\cdot} + Cl' + OH'$ (ions in the blood) $\rightarrow$ (across the gastric mucosa) $\rightarrow$ $2H^{\cdot} + Cl' + OH'$ (ions in the stomach).

During twenty-four hours the human body uses 7 grams of its blood sodium chloride for the production of hydrochloric acid. It has been demonstrated that the ingestion of large doses of salt increases the secretion of hydrochloric acid and that inversely the lack of salt diminishes it.

This is an important point in diseases characterized by disordered gastric secretion.

The sodions, on the other hand, increase the alkalinity of the blood. We would add merely that the ions of sodium chloride play a definite and important part in maintaining the acid-base equilibrium of the blood and fluids, without being able to define all the stages of their physico-chemical reactions, since such a discussion would presuppose special familiarity with theoretical considerations outside the scope of this article. In the dietitian's practice it is essential to know the sodium chloride content of various foods.[4]

It has already been stated that people essentially carnivorous can do without sodium chloride, by using the blood of the animals that they eat (see above for the sodium chloride content of blood and lymph). Meat of all foods contains appreciable quantities of sodium chloride, varying from .094 (Katz) to .418 per cent (Bunge), according to the technic of slaughtering. Certain salt-water fish also contain a high percentage of sodium chloride, e.g., the *aigrefin* with nearly .715 per cent, while fresh-water fish contain much less, like the pike's .070 per cent. Fruits and vegetables, as well as fine flours, contain very little sodium chloride.

We have compiled a table, using the findings of several authors (Koenig, Gauthier, Achard, etc.), to show the proportion of sodium chloride in various natural foods:

Fresh beef	4.18 grams per 1000
Brains (mutton bled in slaughtering)	2.50 grams per 1000
Lentils	1.40 grams per 1000
Kidney beans	0.50 grams per 1000
Peas	0.68 grams per 1000
Broad beans (*fèves*)	0.39 grams per 1000
Potatoes	0.80 grams per 1000
Wheat	0.41 grams per 1000
Wheat flour	0.05 grams per 1000
Rice	0.07 grams per 1000
Cow's milk	1.50 grams per liter
Human milk	2.50 grams per liter
Fresh eggs	0.25 grams each

[4] Before surveying this, one may raise a question possibly of great practical importance. We are in a better position to make statements concerning invalids, for example those that are necessarily restricted in their salt intake, than in the case of normal persons about whom we know almost nothing in this regard. Doubtless different temperaments possess different degrees of need for sodium chloride, and if we only knew the predisposition of various temperaments for specific illnesses, we could, by means of dieting, at least postpone an illness if not avoid it entirely. In this connection the dietetics of various functional and secretory disturbances may be of outstanding importance.

Fresh cauliflower	1.20 grams per 1000
Lettuce	0.12 grams per 1000
Spinach	2.10 grams per 1000
Sweet butter	Trace
Strawberries	0.24 grams per 1000
Cherries	0.14 grams per 1000
Plums	0.03 grams per 1000
Pears	Trace
Wine (red or white)	0.06 to 0.10 grams per liter
Drinking water	Trace
Beer	0.15 grams per liter

A second table is appended, showing the proportion of sodium chloride in various preserved and prepared foods:

Cooked meat	From nearly negligible, to 10/1000
Bouillon	Almost all the salts of the meat, from 8 to 12/1000
Bread	5 to 6/1000
Rolls (*croissants*)	15/1000
Salt-free bread	1.00/1000
Cured ham	53.72/1000
Corned beef	26.00/1000
Meat extracts (such as Liebig's)	20 or more
Smoked herring	145/1000
Salt codfish	85/1000
Anchovies	200/1000
Cream cheese (*fromage double crème*)	12/1000
Swiss cheese (*fromage de Gruyère*)	5/1000

It follows from the data in these tables that the ration of sodium chloride may readily vary with seasons, circumstances and customs. But, as has already been said, its variations lie between 10 and 30 grams under normal conditions.

THE HOSPITAL FOR CHRONIC DISEASES

MARY W. NORTHROP

Montefiore Hospital, New York City

What is to be our method of caring for persons who are chronically ill? This question is one which the hospital world must set itself to answer in the near future. Sending such patients to their homes is a simple solution when these homes are spacious and the families can afford to provide adequate medical and nursing care; but it is fair neither to the patient nor to his family when the family income is small and space at home is limited, and his care becomes an extra burden to a wife or daughter. We have lately realized that relegating such patients to so-called "Homes for Incurables" is also unfair; medical care which would in some cases improve their condition and in most cases decrease their discomfort is often lacking. At the same time the medical profession is losing an opportunity to study chronic diseases. The general hospital, which needs its beds for more acutely ill patients, and which finds chronically ill patients a problem and a demoralizing influence in its wards, is justified in discharging them. Where are they to go?

This problem is coming to be recognized as a very real one so that a new specialty in the hospital field is developing—the hospital for chronic diseases. This is a pressing need in many cities large enough to support specialized hospitals. If this hospital is to give the best service to the community and the patient, it must not be simply a modified "Home," but it must be equipped with the facilities of a general hospital, for the chronic patient needs almost every kind of hospital care and treatment. Chronic diseases have acute exacerbations, and the patients must therefore always be considered, potentially, as acutely ill. Fully equipped hospitals must be provided, with well trained administrative, medical, nursing, laboratory and dietetic staffs who are alive to the special problems which are to be met in the care of the chronically ill.

The work of re-habilitation which is possible in such institutions is socially valuable. The popular idea that patients admitted to a hospital for chronic diseases are never discharged, but stay in the hospital until

their death, is erroneous, as is shown by the following table derived from figures published in the annual report of Montefiore Hospital.

Condition of patients on discharge

	per cent
Cured	0.8
Improved	42.2
Unimproved	22.9
Deceased	34.1

At Montefiore Hospital, with an average census of 580 patients, there were 923 discharges other than deaths during the year. The number of patients cured is small because of the nature of the diseases treated, but of the large number who are classed as "Improved," many will be able to go back to a modified type of activity and be useful to their families and the community.

Another common fallacy is that the hospital for chronic diseases treats only very old persons. The following analysis of the age-groups of the patients admitted in 1927 to this hospital disproves such a statement.

	per cent
Under 15 years of age	4.5
From 15 to 29	23.9
From 30 to 49	31.9
From 50 to 74	36.9
75 years of age and over	2.7

Picture for a moment the wards of such a hospital; here are patients for whom the novelty of a hospital has worn off, who are weary of the weeks of semi-idleness. The efforts of the occupational therapist accomplish much, but any work which she can offer soon becomes part of the hospital monotony. The psychology of the chronic patient is a factor which must be definitely taken into consideration by everyone who comes in contact with him. He has been ill a long time and his resistance to discomfort is broken down. He is seldom optimistic about his condition. He has watched the progress of his neighbors in the ward and he realizes how slow his own improvement must be, if, indeed, there is to be any improvement. He is bored; he has exhausted all interesting topics of thought and conversation. The arrival of his tray three times a day is eagerly awaited, for lack of other events; and conjecture as to what there will be for dinner is something, at least, to think about.

Patients in a general hospital will be more philosophical about the food which is served to them, knowing that they will soon leave, than patients who know the date of their discharge is far in the future, and that for an

indefinite period of time they must eat hospital food. Everyone tires of any one type of food except possibly that which is served at home, and institutions cannot escape the criticism of monotony which is the lot of all restaurants and other places where people are fed in large numbers. The need for palatability and variety in the diet is therefore one of the first considerations of the dietitian in a hospital for chronic diseases. In spite of the limited funds, limited personnel and limited facilities which prevail in this as in other types of hospital, the dietitian must provide a much wider range of foods than is necesary in an institution where the average patient stays ten days or two weeks. She must also cater carefully to the food preferences and prejudices of the group she is feeding.

The second outstanding problem which she must face is that all of her patients receive and eat a diet which is nutritionally adequate. If the average patient were to be in the hospital ten days, we could pay much less attention to the adequacy of his diet than in a hospital where the average length of stay is 22 weeks and where many patients remain for much longer periods. If, through voluntary restriction and fussiness on the part of the patient or enforced restriction in the treatment of his condition, his intake of minerals, vitamins or other essentials is low, serious consequences may result. The problem of providing adequate, acceptable food, both for patients on general house diet and for those on special diets, requires much patience and ingenuity.

Great though the difficulties are, however, the task of managing the dietary department of a hospital for chronic diseases is not without its advantages. The dietitian who can keep a large group of chronically ill patients reasonably happy and satisfied, maintain the cost of her department within the budget, and can please a hospital personnel irritated by constant contact with difficult patients, is justified in a feeling of satisfaction in having done a difficult piece of work well. The opportunities for research in administration are as unlimited as in other hospitals. There is the same effort to carry on and control a complex system of food service, in which food must be served from perhaps twenty different pantries and must be served quickly and hot; the same limited budget for food, necessitating the most careful planning to make ends meet; the same personnel turnover problem; the same complaining intern; the same equipment wearing out. There are acutely ill patients (since chronic diseases have acute exacerbations) and there are hungry employees. Our kitchen prepares half a dozen menus with a limited staff of cooks, just as it does in a general hospital. The one problem which the

dietitian in a hospital for chronic diseases is seldom forced to meet is the variable census, for such hospitals are generally full to capacity all the time and the census is constantly at its highest point.

The service of special diets has a wide range of interesting possibilities. The turnover of special diets is slow. Therefore the dietitian is given an opportunity to study the effects of the diets she plans, and her responsibility for providing a palatable and adequate diet in spite of the limitations of the patient's diet prescription is forcibly impressed on her. Owing to the nature of the diseases to be treated, the number of special diets must be large.

Many unusual problems not often met elsewhere present themselves. The following case problems have had to be worked out, some once and some many times, in the last two years in the Montefiore diet kitchen:

1. Gastric fistula made necessary by cancer or obstruction of the oesophagus. Adequate diet must be given in liquid form, and in the case of acutely ill patients it must be concentrated if one is to avoid adding the discomforts of malnutrition to the discomfort caused by the disease.
2. Pellagra, due to a restricted diet following a long series of abdominal operations. The patient had never been south of New York.
3. Chronic colitis continuing over long periods. The patient's nutritional requirements must be met. In what form is vitamin C to be provided?
4. Patients who have difficulty in chewing or swallowing and who must be adequately fed with soft foods over long periods of time. These are largely patients suffering from a laryngeal tuberculosis or from cancer of the throat or mouth.
5. Many patients who are toothless.
6. Numerous cases of diabetes with tuberculosis. The latter condition necessitates a concentrated bland diet, omitting foods which are difficult to digest and too much roughage. We have been forced to work out a whole separate scheme of feeding for this type of diabetic.

There can be no doubt that the opportunities for teaching offered by the hospital for chronic diseases have been underestimated in the past. Such hospitals now offer internships and courses for student dietitians and maintain training schools for nurses. While they cannot give training in all branches of hospital work, and should usually supplement the student's experience by an affiliation with another hospital, the material which they can give is too valuable to waste. The dietitian's responsibility for utilizing the available teaching material is not less, therefore, than in other hospitals.

The development of the hospital for chronic diseases necessitates having a dietary department which at least keeps pace with the other services in the hospital. It must also be well equipped and have adequate budgets for salaries and wages and for raw food. The idea that it should be possible to run such a dietary department at less expense than that of a general hospital is questionable. It must also have a sufficient staff of dietitians who must be able to adapt themselves to the unusual conditions of their work. This type of hospital must be thought of not as the defective child of the hospital family, but rather as the unusual child, whose peculiarities and whose special genuis must be studied if his development is to proceed as we should desire.

EDITORIAL

A New Medical Center

With the dedication on October 12, 1928, of the new twenty-five million dollar Medical Center at New York City, a great vista of accomplishment opens before everyone interested in the science of medicine. Never before has such a vision of worth in the "trinity of medicine:" the care of the sick, research and teaching, been carried so far toward completion. The Center, with over 1500 beds, will offer facilities for the training of 236 student nurses, 400 medical students and 171 dental students. At the beginning of its service twelve units, the Presbyterian Hospital, the College of Physicians and Surgeons of Columbia University, the Sloane Hospital for Women, the New York State Psychiatric Institute and Hospital, the Babies Hospital, the Squire Urological Clinic, Presbyterian Hospital School of Nursing, the Neurological Institute, the Stephen V. Harkness Pavilion, the School of Dental and Oral Surgery, the Vanderbilt Clinic and the De Lamar Institute of Public Health, all these representing various branches of medicine, will compose the Medical Center. The plan for growth will not, however, be satisfactorily completed until every specialty of medicine and surgery is represented.

A movement of this kind, bringing together the facilities offered by so many groups, cannot but be of mutual benefit to doctors, patients and students. The eighteen years of coöperative effort which have made the monumental buildings a reality may be considered as significant of the spirit and development the future will certainly produce.

The Journal of Nutrition

Growing specialization of scientific interests has naturally produced an increase in journals representing the various fields. Particularly notable has been the rapid advance in our knowledge of the science of nutrition As a result of this increasing interest, this year witnesses the addition of the new Journal of Nutrition to the list of available journals of interest to dietitians. The auspices under whom this new journal is being published seem to insure its success. J. R. Murlin of the University of Rochester will act as managing editor. The editorial board includes E. F. Du Bois, New York; H. M. Evans, Berkeley, California;

E. B. Forbes, State College, Pennsylvania; Graham Lusk, New York; E. V. McCollum, Baltimore; Lafayette B. Mendel, New Haven, Connecticut; H. H. Mitchell, Urbana, Illinois; Mary Swartz Rose, New York; H. C. Sherman, New York; Harry Steenbock, Madison, Wisconsin.

Home Economics Offers Broad Field of Careers for Women

The importance of home economics is measured by the importance of the home, according to Lita Bane, past president of the American Home Economics Association, who contributes the chapter on home economics as a career for women in "An Outline of Careers for Women."[1] Miss Bane takes as the basis of her article the definition of home economics given by the American Home Economics Association in 1912 as:

"A distinctive subject of instruction including the economic, sanitary and aesthetic aspects of food, clothing, and shelter as connected with their selection, preparation and use by the family in the home or by other groups of people."

She finds an advantage in the field in that competition is with women, hence the opportunity for advancement is greater than in work where men tend to hold the higher positions. The occupation chosen by the greatest number of home economists is teaching, but a constantly increasing number are going into a variety of positions for which their training is proving valuable. Among these Miss Bane lists research workers in state experiment stations, nutritionists in clinics, health centers and public schools, home demonstration agents and home economists in social work.

"During recent years," she notes, "a surprisingly large number of business firms have found that the home economics trained woman can render them a distinct service. The manufacturers and producers of food, household equipment, and materials are beginning to employ home economics trained women to assist, either as specialists in their laboratories, as directors of their educational departments, or to develop their advertising."

The chapter on home economics is one of forty-three contributed by distinguished women, leaders in their professions or businesses. The volume was gotten together to supply the demand for information on the part of young women who aspire to leadership and who want to know the qualifications and opportunities for successes, the advantages, the dis-

[1]Published by Doubleday, Doran and Company. Edited by Doris E. Fleischman.

advantages, the honorary and monetary rewards, the intrinsic difficulties as well as the special difficulties that must be encountered by women in the various fields of occupation in America today.

The chapter on dietetics is written by Lulu G. Graves, Honorary President of the American Dietetic Association, and the chapter on restaurant management by Mary L. Dutton of the Ontra Cafeterias.

A Greeting from Our President

It is with the most sincere appreciation of the honor that the members of the American Dietetic Association have conferred upon me, that I assume the duties of President of your Association, and I thank you for the opportunity to serve you. There have been five presidents before me and it seems well to pause and review the accomplishments of my predecessors and to look ahead to see how we can best carry forward their aims and ideals.

To our founder, Lulu Graves, we are indebted for the laying of the cornerstone of our professional organization. This house which she planned has grown into an institution whose importance and influence will be more and more widely spread as time goes on. Mary de Garmo Bryan became our second president, adding to and strengthening the foundation by inspiring all with her very high standards for the profession. Octavia Hall Smillie furthered the permanent building by establishing the central office which has been a stabilizing influence ever since. Ruth Wheeler, realizing the need for an official publication, founded the Journal of the American Dietetic Association, thus gaining for us recognition from allied professional groups.

All have appreciated the wise guidance of Florence H. Smith, our last president, who edited the Journal in its infancy and who added to and enlarged this structure of our profession.

Due to the wisdom and foresight of our former presidents our professional house has been built solidly. It is for us who follow to develop its possibilities to the limit of our ability. There is danger in building too rapidly, some of the new problems may need years for development, but with the coöperation of every member we can feel assured that this professional house, so firmly founded for us by those who have served the Association in the past will in time be brought to an efficient completion.

With confidence in the future of the Association, I extend best wishes for a happy holiday season and a very prosperous New Year.

Anna E. Boller,
President, American Dietetic Association

BOOK REVIEWS

Nutrition in Health and Disease for Nurses. By Lenna F. Cooper, B.S., M.A., M.H.E., Edith M. Barber, B.S., M.S. and Helen S. Mitchell, B.A., Ph.D. Pp. 574. Philadelphia: The J. P. Lippincott Company, 1928.

In going through the pages of this book one is impressed with the aggregation of facts relating to nutrition in health and disease and with the straight-from-the-shoulder method of presenting them. The authors state that their purpose is to provide a book which wll be helpful to the Public Health nurse as well as to the bedside nurse. They are to be commended for the manner in which they have fulfilled their purpose; in addition, they have prepared a good text-book for use in teaching dietetics to nurses and a reference book for the housewife interested in the health and nutrition of her family.

The subject matter is classified as follows: Part 1, Principles of Nutrition; Part 2, Food Selection; Part 3, Diet in Disease; Part 4, Cooking for the Sick and Convalescent.

An appendix includes Tables, Suggestions to Teachers and a Bibliography.

This arrangement is convenient for reference and logical for instruction. The significant points in each classification are inclusive; the subject matter is up to date, it is noticeably free from generalities and dogmatic statements. A feature which facilitates study is that the key words in each statement are printed in black type.

Reference to the individual chapters is not possible here, however deserving they may be. The Summary of Digestion and Absorption is especially worthy of mention, its presentation or the complicated processes of digestion is readily followed. The enzymes and other factors concerned with each process are clearly defined and explained. In the Appendix, Suggestions to Teachers contain a unique feature in that they encourage the use of pedagogic principles in teaching dietetics.

LULU G. GRAVES.

Kitchen Management. By J. O. Dahl, author of Restaurant Magazine, director of Food Bureau in *Hotel Management* and other publications. Pp. 365. Price $5.00. New York: Harper and Bros., 1928.

This book was written primarily for hotel use by a hotel man, but it is equally valuable for use in a hospital or other insitution. Mr. Dahl knows his subject thoroughly; he also knows where and by whom the best results are being obtained in culinary departments and has had advice and co-operation in the preparation of this volume from a number of people who are well known for their accomplishment in some phase of kitchen management or organization. The author has given a most comprehensive discussion of a hitherto neglected subject, explaining the principles of well designed kitchens, outlining plans which provide for a satisfactory service at a minimum cost, and suggesting remedies for the more common ills.

Beginning with the plans of the department as a whole, he discusses its several parts and their arrangement. The author takes up the subjects of construction material; equipment of all kinds, including silver and china, their purchasing and care; organization of the department; management of employees and the opportunities in this field of work (which he terms a science). There are many illustrations, including charts and kitchen plans. In the appendices are lists of standard portions of food and sizes in china that may well be used, with modifications, as a basis for similar lists in hospitals.

The fact that 30,000 kitchens have been built in hotels, restaurants, hospitals,

schools, etc., in the past five years, of which 25,000 are operated with excessive overhead due to errors in design, construction and equipment is ample evidence of the great need for Mr. Dahl's book.

L. G. G.

Nutrition. By Walter H. Eddy, Ph.D. of Teachers' College, Columbia University. Price $2.50. Baltimore, Md.: Williams and Wilkins Company, 1928.

The author has attempted the very worthy but very difficult task of presenting the subject of the scientific bases for good nutrition in a form that will be available both to the layman and to the scientist. He has treated the subjects of energy, protein, ash and vitamins in a very interesting and instructive manner. Much space has been given the subject of vitamins but this is natural when we consider the author's own contributions and his vital interests along this line.

Dr. Eddy has included in his book many of the very latest advances in the study of nutrition such as the value of gelatine as a colloid in milk preparations, the need of the daily quart of milk, egg, and fresh vegetables for all growing children, the value of banana as well as orange in the diet and the way in which both affect calcium efficiency, the need for good mineral salt balance, not alone for bone and tooth formation, but also for prevention of acidosis, the use of iron oxide or chloride with cabbage in the renewal of iron in the system, the possible connection which copper salts may have in cases of anemia, the use of hydrochloric acid with rachitic babes to further the retention of calcium and the use of vitamin D and ultraviolet rays for the same purpose.

The author's discussion of the possible subdivisions of vitamin B into a factor for beriberi and one for pellagra is interesting and worthy of note. Also his suggestions for the preservation of the various vitamins in cookery and canning is most helpful. He advises the need of purchasing your vitamins, with the possible exception of D, from the market and not from the drug store.

Dr. Eddy's book is most instructive and a valuable addition to the home as well as the scientific library.

E. L. FEENEY.

Wheat Flour and the Diet. By C. O. Swanson, Ph.D., Head of the Department of Milling Industry, Kansas State Agricultural College. Price $2.50. New York: The MacMillan Company, 1928.

This little book gives a most interesting and concise description of the many and intricate processes necessary to the production of our wheat flour. It treats of the grain, its planting, harvesting, threshing, storage, milling, sale and use in the diet. It takes the subject of wheat flour out of the field of the advertiser and into the pure realm of its scientific preparation and its use in the home. The subject is treated in such a simple way that both lay and scientific readers will enjoy it.

E. L. F.

Food Infections and Food Intoxications. By Samuel Reed Damon, associate professor of bacteriology, School of Hygiene and Public Health, Johns Hopkins University. Price $4.00. Baltimore: The Williams and Wilkins Company, 1928.

This book is written for the food chemist, bacteriologist, physician and dietitian. The author has endeavored, so far as possible, to separate distinctly the two subjects of Food Infection and Food Intoxication. The treatment of subject matter is designed to satisfy the interests of several groups of individuals. The etiology, symptomatology, diagnosis, treatment and prophylaxis of food poisoning are presented in detail.

Part I, Infection from Food, discusses food as a chance vehicle for the transmission of the etiological agent of such diseases as diphtheria, cholera, botulism and trichinosis. The ptomaine and bacterial theories of food poisoning are outlined. Part II, Intoxication from Food, covers the subjects of botulism, mushroom poisoning, grain intoxication, milksickness, potato poisoning, fish and shellfish poisoning. Part III discusses Zoo-Parasitic Infections acquired through food. Numerous references are cited at the end of each chapter.

The author has presented interesting data which should prove invaluable to the dietitian. The book meets a definite need; it should be available as a reference in every foods and nutrition department library.

M. P. H.

Answers to Questions Prescribed by Nurses' State Boards. By Robert B. Ludy, M.D. Pp. 498. Price, $3.00. Philadelphia: The David McKay Company, 1928.

The purpose of this book is to give nurses a comprehensive appreciation of the type of question with which they will probably be confronted in their final State Board examinations—it is planned to bridge the gap from the training school to success in the qualifying examination. The questions have been selected from those actually given within recent years (including the 1927 list) by approximately forty State Boards. Specialists in the various fields, such as Dietetics, Materia Medica, and Medical and Surgical Nursing, have selected and answered the questions in their particular subject.

Certain errors appear—for example, Dr. Banting and a mysterious "Mr. Wise" are said to have added valuable information in regard to the treatment of diabetes.

The authors are to be commended for the simplicity and brevity of the answers given. Such a book should be of value not only to undergraduate nurses but to instructors in schools of nursing as well.

M. P. H.

The Southern California Dietitians Association has issued a neat folder of Diet Lists which will be a true first aid to the doctor or dietitian who has little time for detailed preparation of such lists. In addition to the diets in common use it contains many recipes with food values calculated, and suitable substitutes in the various instances. There is no text to add to its bulk; an index helps in making it a quick reference and a loose leaf folder permits further additions as wished. The material is arranged in a convenient size and the use of a good grade of paper insures its serviceability, yearly revisions will add to its value. Copies may be obtained from Helen Hinman, Lutheran Hospital, Los Angeles. Price, $5.00.

L. G. G.

REPORT OF THE DIET THERAPY SECTION, 1927–1928

At the Annual Business Meeting of the Diet Therapy Section on October 19, 1927 the following members of the Association asked to become regular members of the Section.

Sarah L. Hughes, Crawfordsville, Iowa
Helen S. Mitchel, Battle Creek Sanatarium, Battle Creek, Mich.
Ella M. Eck, Blodgett Memorial Hosp., Grand Rapids, Mich.
Helen F. Boswell, Army and Navy Hospital, Hot Springs, Ark.
F. G. Love, City Hospital, St. Louis
Mary McGovern, Boston City Hospital, Boston
Lola E. Moore, Christian Hospital, St. Louis
Alice M. Stewart, Michael Reese Hospital, Chicago
Jeanette Walker Barr, Oconto, Wis.
Martha Koehne, Dept. H. E. W. of Tennessee, Knoxville.

These members were written to and asked to form the committee for the year 1928.

The chief work of the Section for this year has been a very valuable collection of case records in cases where diet has been the important therapeutic agent, made by Helen Jackson Hubbell, Cornell University, and Jeanette Walker Barr, formerly of Michael Reese Hospital, Chicago, under the direction of Martha Koehne of the University of Tennessee. The report of this Committee is submitted.

Report of the Committee on the Development of Dietary Case Histories

Helen Jackson Hubbell and Jeanette Walker Barr

The activities of the committee on the development of case histories have been directed toward two main objectives:

1. The collection of case history outlines in use in various hospitals as a means of comparison. (The committee is indebted to the following hospitals for copies of their outlines: Barnes Hospital, St. Louis, Mo.; Presbyterian Hospital, Chicago; University Hospital, Ann Arbor, Mich.; Presbyterian Hospital, New York; Cook County Hospital, Chicago; Michael Reese Hospital, Chicago; University of Iowa Nutrition Department, and St. Mary's Hospital, Rochester, Minn.)

2. The preparation of nine case histories from an outline, designed to give a general picture of the case studied, each of the nine studies selected to emphasize important phases in the teaching of dietetics.

In our collection of outlines from various hospitals, we found that all came under two definite classifications:

1. Outlines made up as printed forms with short blank spaces to be filled in by the students, and

2. Outlines requiring the histories to be written in narrative form. All of the outlines submitted, although differing in form, contained the same general topics, first the *social history*, then the *health habits*, the *medical history* with present complaints and diagnosis, the *treatment* and *progress* of the patient and the *final dietary instructions*, with an estimate of the patient's co-operative ability and *prognosis*.

The advantages and disadvantages of the printed form outline as compared with the narrative outline may be summed up as follows:

1. The printed form offers a quick and easy method for the student to collect the material for her case history.

2. The printed form gives the dietitian a complete picture of the patient almost at a glance, but on the other hand:

1. The printed form, being a mere list of facts, does not stimulate the interest in the patient and in the patient's condition that a narrative history tends to create.

2. The printed form is so confusing to the reader not accustomed to that particular form of tabulation, that it requires as much time for perusal as a narrative history would take.

The nine case histories which the committee presents with this report partially combine the two methods of treatment. These were incorporated in the thesis "A Series of Case Studies Based on an Outline for Use by Student Dietitian" written by Helen Jackson Hubbell in partial fulfillment of the requirements for the degree of Master of Science in the Faculty of Practical Arts, Columbia University. Miss Hubbell's histories are written in narrative form, but contain also concise tabulations and charts adapted to each particular case, corresponding in a measure with the printed form method of presentation.

The committee on the development of dietary case histories recommends the narrative outline, submitted by Miss Hubbell, as an excellent method of teaching student dietitians, and promoting greater interest in the treatment of the individual patient. The outline is intended to give a general picture of the case studied. We do not suggest outlines for tables and charts because there is such a variation in the amount of material available for correlation even among cases of the same kind.

Outline for a Dietary Case Study

I. History.
  A. Social.
    Name—Age—Nationality.
    Occupation—Family responsibilities.
    Social problems affecting health, as:
      Economic.
      Racial.
      Family.
      Mental.
  B. General Health Habits.
    1. Dietary.
      a. Weight and height.
        Weight—present—usual—best.
        Height.
        Average weight for height and age.
        Caloric requirements.
      b. Appetite—regularity of eating.
      c. Outline of day's meals, including food eaten between meals.
      d. Adequacy of diet.
      e. Amount of fluid taken. Milk, coffee, tea, water, etc.
      f. Idiosyncrasies as to food.
        Physiological.
        Mental.
    2. Elimination.
      Regularity.
      Cathartics used.
    3. Sleep and rest.
    4. Exercise and fresh air.
    5. Condition of teeth.
    6. Recreation.
  C. Medical.
    Brief review, past and present.
II. Report on Admission.
  A. Date of admission.
  B. General condition.
  C. Results of laboratory findings, x-ray, etc.
  D. Diagnosis.
  E. Doctor's orders.

III. Progress.
- A. Modification and changes in:
  1. Diet.
  2. Medications.
  3. Treatments.
- B. Laboratory findings.
- C. Surgical measures.
- D. General progress of disease and response of patient to diet given.
- E. Problems of the individual patient.
  1. Likes and dislikes.
  2. Distention.
  3. Insatiable appetite.
  4. Emotional upsets, etc.
- F. Dietary instruction given during stay in hospital.
  1. Hospital diet.
  2. Inadequacies of home diet.
  3. Diet which patient is to follow on discharge.

IV. Discharge and Follow-up.
- A. Dietary instruction given.
- B. Doctor's orders, other than dietary, related to problem.
- C. Where referred—school, home, Out-Patient Department, convalescent home, etc.
- D. Reports of visits to Out-Patient Department.

V. Sources of Information.
- A. Reference books.
- B. Patient.
- C. Patient's chart.
- D. Dietitians.
- E. Nurses.
- F. Doctors.

There are many cases in which all of the factors in the preceding outline need not be discussed. Any study would require at least a brief social history, the detail to depend on the nature of the case.

In writing up the section under General Health Habits, information of special value would vary. In cases of pneumonia and typhoid fever, the dietary history naturally is not of primary importance. The essential factor is the treatment of the acute condition—getting them to eat and eat often.

On the other hand, complete histories are needed in cases of diabetes, gastric ulcer, pernicious anemia or colitis. Previous food habits are illuminating, as in the case of a man with a diagnosis of gastric ulcer who had been eating a bag of peanuts and a half a pound of candy just before dinner each day. A knowledge of what and when a patient has been eating is essential in planning the new diet. Careful instruction must be given, as such cases require that the patients remain on these diets for long periods of time, if not for the remainder of their lives. One must know the financial situation, and whether there is someone in the home sufficiently intelligent to plan and cook the required diet. For example, a laboring man, without home and family, was to be discharged from the hospital on a special diet high in fat. At the time he was not able to secure and hold a full time job. As he lived in a furnished room he would have to eat in restaurants where the minimum cost of his diet would be $2.25 a day. A conference of the doctor, dietitian, and social worker was necessary in order to make a satisfactory adjustment for the patient.

In certain acute cases, such as typhoid fever, the medical history is often of no interest to the dietitian, but in such cases as colitis, diabetes or nephritis it would be of value.

The rest of the outline would need to be included in making any study. Care must be taken that the material chosen contributes to the dietary study of the case and whenever possible, laboratory findings, dietary treatment and general progress should be correlated in a clear, direct fashion. Graphs and tabulations help to clarify the picture.

The annual business meeting of the Diet Therapy Section of the American Dietetic Association was held on October 31, 1928 in the Fairfax Room of the New Willard Hotel in Washington, D. C. The following suggestions for work for the coming year were submitted:

1. Adaptations of adult therapeutic diets should be made for children of different ages. It was pointed out that frequently a diet which proved most satisfactory for adults could not be fed to children with similar good results.

2. Investigations and recommendations for health teaching in Out-Patient Clinics are advised.

3. A committee should be appointed to abstract articles and books for the benefit of members of the Association.

4. The problem should be investigated of asking colleges who are training students planning to take up dietetics, to offer a course in diet therapy to these students in their senior year in college; this course in diet therapy should be taught by a person who has had practical hospital experience.

a. The suggestion was made that the section might have a number of case studies of typical patients with different diseases available for use in this teaching mentioned above.

5. The problem of teaching the convalescent patient who is referred to a convalescent home after discharge from the hospital should be considered.

6. Dietary Case Studies should be continued.

A recommendation for the organization of the Section was also made at this time and is herewith submitted:

1. The section should be so organized by the chairman that a number of sub-chairmen representing different parts of the country shall be actively interested in the various problems under investigation by the committee.

2. It might be wise to encourage these sub-chairmen to submit, at the time of the National Convention, a report of the work done in their vicinity.

Respectfully submitted,

THELMA TUBBS,
Chairman Diet Therapy Section
American Dietetic Association

REPORT OF THE SECTION ON EDUCATION[1]

The work of the Section on Education for the year 1927–1928 has been a continuation of the work of years past. Following suggestions of the President and the Executive Committee at the meetings in St. Louis an effort has been made to bring up to date the good material submitted in the reports of the Committee of Section on Education of the previous year. In order to accomplish this a number of committees were apointed as follows:

I. A committee to report on outlines of courses in dietetics for student nurses. This committee was made up of Mary Northrup, Montefiore Hospital, New York, chairman, Nelda Ross, University of Chicago, Nell Taylor, Michael Reese Hospital. Miss Northrup's report is:

"Many dietitians, particularly those to whom teaching of student nurses is a new field, have indicated from time to time that an outline of a course in dietetics for nurses, approved by the American Dietetic Association, would be helpful to them. To fill this need, a committee with Katherine Fisher as chairman prepared in 1921 an outline which was presented at the meeting of the American Dietetic Association in that year, and was published in the *Journal of Home Economics* in February, 1922. This outline covered a recommended minimum of sixty hours of lecture and laboratory work in a preliminary course in normal nutrition, and twenty hours in diet in disease. Ten hours work on infant feeding was to be added if this subject was to be considered part of the course. This outline included notes on the aims of the course, the method of teaching, and the content of the course. In order to have the outline easily adaptable to varying conditions, this committee avoided including definite lesson plans, although they made the statement that a course of study arranged in lessons would be submitted later by the committee.

In 1922, therefore, a subsequent report was presented by Rose Straka and another sub-committee of the section on education. In the attempt to meet differing conditions, this outline includes courses of study of varying lengths. These three courses are minutely planned, and the proposed content of lecture, laboratory work and demonstration for each lesson is outlined.

[1] Presented at the annual business meeting of the American Dietetic Association October 29, 1928.

In 1924 Dr. Ruth Wheeler presented at the convention a further report suggesting amendments to Miss Fisher's original outline of a course in diet in disease, especially suggesting the desirability of considering all therapeutic diets as modifications of a normal diet, and the use of actual cases for study. This report again avoids the use of lesson plans, in order to make the outlines meet the needs of as many different schools as possible.

Most of the states which provide for the accrediting of the schools of nursing have set their own minimum standards which must be met by all accredited schools. These requirements are the guides which have been used in many schools in the planning of their courses, and must certainly be taken into consideration in preparing a new outline. In many cases they are extremely low, however, and it must be constantly borne in mind that they are minimum requirements, not patterns to be followed.

In a group of twenty-one states from which information about their requirements has been received, seven require no special work in pediatrics, and ten do not require student nurses to serve in the diet kitchen. The specified number of hours in classes in normal nutrition and cookery varies from twelve to thirty-two, with a mean of thirty. The hours of classes in diet in disease, where it is given as a separate course, vary from eight to forty-eight, with a mean of twelve. The total number of hours given to the whole subject of dietetics varies from ten to sixty-four, with a mean of thirty-six.

The National League of Nursing Education, recognizing the same need which the American Dietetic Association had been trying to fill, included an outline of a course in dietetics in its standard curriculum for schools of nursing. This outline is simply a suggested standard, and has not been the basis for planning the courses in all schools of nursing. Very few schools, in fact, seem to be following any of these outlines at the present time, except the minimum requirements of the states in which they are located. Where individual schools provide courses in advance of such requirements, the outlines followed seems to have been prepared by the dietitian giving the course or by the school of nursing in which she is teaching. Many of these courses are extremely well planned, and make use of ideas which may well be incorporated in the outline of the American Dietetic Association. Others need revision very badly. In many cases it is quite possible that the persons responsible for the courses would be glad to know of the work on standardization which has been done by the section on education.

We would therefore suggest that a sub-committee of the Section on

Education consider the matter further, and that the duties of this committee be:

1. To combine the reports of Miss Fisher, Miss Straka and Dr. Wheeler into a single outline, making such changes in them as may seem necessary in the light of recent developments in the field of nutrition, and including in the outline ideas now in use in outstanding hospitals. It is possible that two outlines should be prepared, one for use in schools of nursing, a large part of whose students have had some college training, and one for schools where the average student has had less preliminary education. The outline or outlines should give the subject matter to be presented and something of the method of teaching, but should not be too definite in the planning of lessons; it will then be more easily adaptable to varying conditions.

2. To submit this outline for the approval of the American Dietetic Association at its next convention, such approval to be recorded in the minutes of the organization and of the section on Education.

3. To secure publicity for this outline in current periodicals, thus making its existence generally known to dietetians, to principals of schools of nursing and to other persons interested in nursing education.

Provisions should be made, at the time of the approval of this outline, for its subsequent revision at regular intervals by committees appointed by the Chairman of the Section on Education, and for the printing of the outline in such a form that it will be available at all times at the business office of the American Dietetic Association. It may seem advisable to specify that a small charge be made for copies of the outline in order to cover the cost of printing.

The present committee suggests further that the following considerations enter into the preparation of the new outline:

1. Since many nurses go out to small hospitals where they may be in charge of the diet kitchen or the entire feeding problem of the hospital, they should have an opportunity to obtain during their practical work a general view of the administration of the hospital dietary department. The knowledge thus gained by them would undoubtedly serve to improve the coöperation between the nursing and the dietary staffs of the hospitals. This provision is not feasible, however, unless an ample time allowance is made for practical work in dietetics.

2. The course in diet in disease should be given late enough in the training of the nurse so that it may be preceded by instruction and practice in medical nursing. The interest of the nurse is thus increased, and she can better correlate principles of diet therapy with specific conditions.

3. At least an introductory course in normal nutrition and food preparation should be included early in the course of training, in order that the nurse may intelligently understand the patients' normal dietary needs and may thus avoid mistakes in carrying out diet orders on the wards. Much repetition can be avoided if this course is postponed until after the student has had a course in chemistry, and has at least started her work in the study of anatomy.

4. Case studies should be emphasized in connection with practical work.

5. Emphasis should be laid on the principles of normal nutrition and the application of these principles; therapeutic diets should be presented as variations from the normal."

II. A committee to consider whether or not the American Dietetic Association should formulate recommendations for courses of study followed in colleges by students planning to enter hospital work. The members of this committee were: Chairman, Helen Monsch, Cornell University, Ithaca, New York; Martha Koehne, Presbyterian Hospital, New York; Lola Schmidt, Battle Creek Sanitarium, Battle Creek, Michigan; Dr. Ruth Wheeler, Vassar College, Poughkeepsie, New York; Dr. Katherine Blunt, University of Chicago, Chicago, Illinois; Abbie Marlatt, University of Wisconsin, Madison, Wisconsin. Miss Monsch's preliminary report follows:

"The committee has done little so far. I have written to the members sending them the curriculum which was used several years ago by Miss Marlatt's committee and asking for suggestions. I have had replies from all members of the committee but one. The general opinion is that Miss Marlatt's committee did a very nice piece of work on the curriculum as planned. The committee further suggests that this curriculum be available for distribution from the American Dietetic Association office."

III. A committee to take charge of the Non-Commercial exhibit and to consider problems in connection with teaching of nutrition to patients and public. The members of this committee were: Sarah Elkin, Michael Reese Dispensary, Chicago, Illinois; Clyde Schumann, National Headquarters, American Red Cross, Washington, D. C.; Anne Boller, Central Free Dispensary, Chicago, Illinois; Marguerite Molfine, Mater Misericordiae Hospital, Sacramento, California; Dorothy Milavetz, North End Clinic, Detroit, Michigan; and Frances Stern, Boston Dispensary, Boston, Massachusetts. Miss Elkin's report is:

"The major part of our work was to devise means of procuring a workable non-commercial exhibit of interest to persons in the nutrition field.

To accomplish this, a letter was sent to hospitals, sanitoria, dispensaries, out-patient departments and allied health organizations, requesting material relating to nutrition and dietetics in all of their phases. There were numerous replies and much literature on this subject sent as a result of this letter.

All of this wealth of illustrative material is catalogued according to subject and institution; cross references are also provided. We hope that it will be used and not merely stowed away in the archives of the business office. Literature from each institution is placed in a manilla folder with a call number. The call number system is explained in the front of the card catalogue. These files are always available to members. All of the data received for the teaching of nutrition to patients and the public is included in this permanent collection.

When a request is made next year for new illustrative material only substitutions and additions should be sent. These will be added to the present files."

IV. A committee to list hospitals following the outline of a standard course for student dietitians as it was approved at the meeting of the American Dietetic Association in October 1927. Members of the committee were: Eugenia Martin, Thelma Tubbs and Rosina Vance.

Following the suggestions made at the business meeting in 1927 the committee gave the approved outline general publicity. It was published in the December Journal of the American Dietetic Association. It was also published with an explanatory note in Hospital Management; a descriptive paragraph was published in the Journal of Home Economics and in Modern Hospital. In each publication the statement was made that a list of hospitals offering this approved course to student dietitians would be published in the April number of the Journal of the American Dietetic Association and that complete information could be obtained by writing to the office of the American Dietetic Association.

In addition to this general publicity, a copy of the outline, a questionaire and an explanatory letter were sent out by a committee of the Section on Education to a list of hospitals offering courses to student dietitians. It was impractical, of course, to send this material to all hospitals. A list of hospitals was drawn up by members of the committee working in different sections of the country and an effort was made to reach all dietitians in hospitals offering courses to student dietitians, and at least one dietitian or superintendent in every large city. At the end of the questionaire it was requested that names of dietitians or superintendents in the vicinity, to whom the questionaire should be sent, be listed. As

the questionaires were returned the additional names were checked against the list already mailed.

From the statements made by the dietitian on the questionaire the committee determined which hospitals were following the approved outline. The names of the hospitals were published in April in the JOURNAL OF THE AMERICAN DIETETIC ASSOCIATION and in May in Hospital Management.

The publication of the list seemed to stimulate interest and additional questionaires and inquiries came in. In all, about 350 questionaires and outlines were sent to hospitals with 127 replies; of these, 62 seemed to be following the outline, 33 were not. Fifteen replied that they did not offer a course to student dietitians. Five replied that they expected to have a course sometime in the future. A note was sent to each hospital dietitian who returned the questionaire. To those who seemed to be following the approved outline, Form No. I was sent. To those not following the outline, Form No. II was sent with a note listing the points which failed to meet the requirements of the approved outline.

The list of hospitals known to the committee to be following the approved outline at this date (October 20) follows:

Hospital	*City*	*Dietitian*
British Columbia:		
Vancouver General Hospital	Vancouver	Ethel C. Pipes
California:		
California Lutheran	Los Angeles	Reeva Hinyan
Highland Hospital	Oakland	Mrs. L. E. Cummings
Hospital of Good Samaritan	Los Angeles	Hester Wilman
Methodist Hospital of Southern California	Los Angeles	Elizabeth Hayward
San Francisco Hospital	San Francisco	Helen Abbot Douglas
Scripps Metabolic Clinic and Affiliation	La Jola	Helen Anderson
Stanford University Medical School	San Francisco	Charlotte Sloan
Colorado:		
St. Lukes Hospital	Denver	Thelma Franks
Connecticut:		
Bridgeport General	Bridgeport	Leslie Hunter
Illinois:		
Cook County	Chicago	Millie Kalsem
Evanston	Evanston	Sarah E. Osborn
Michael Reese	Chicago	K. Mitchell Thoma
Presbyterian	Chicago	Elsbeth Hennecke
St. Lukes	Chicago	Mary Sorenson
Indiana:		
Indiana University	Indianapolis	Lute Trout
Methodist	Indianapolis	Margaret Marlowe
City Hospital of Indianapolis	Indianapolis	Amy Colescott

Hospital	*City*	*Dietitian*
Iowa:		
University of Iowa	Iowa City	Kate Daum
Iowa Methodist	Des Moines	Frances Rose
Maryland:		
Johns Hopkins	Baltimore	Phyllis Rowe
Massachusetts		
Children's Hospital	Boston	Martha Stewart
Massachusetts General	Boston	Rosina Vance
Peter Bent Brigham	Boston	Thelma Tubbs
Michigan:		
University Hospital	Ann Arbo	Margaret Gillam
Minnesota:		
Ancker Hospital	St. Paul	Winifred Howard
Charles T. Miller	St. Paul	Eva Bregorson
Minneapolis General	Minneapolis	Lois Hurlbutt
University Hospital	Minneapolis	Gertrude Thomas
Missouri:		
Barnes Hospital	St. Louis	Eugenia Martin
Kansas City General	Kansas City	Merle Buckles
Research Hospital	Kansas City	M. Ethel Ollis
Nebraska:		
Lincoln General Hospital	Lincoln	Leta B. Lynch
New York:		
Albany Hospital	Albany	Virginia Howard Ray
Buffalo City Hospital	Buffalo	Ursula Senn
Clifton Springs Sanitarium	Clifton Springs	Helen Clarke
Lebanon Hospital	New York City	Betsy Helburn
Montefiore Hospital	New York City	Mary Northrop
Presbyterian	New York City	Martha Koehne
Rochester General	Rochester	Effie Winger
Strong Memorial	Rochester	Grace Carden
North Carolina:		
Watts Hospital	West Durham	Mary Ellis
Ohio:		
Miami Valley Hospital	Dayton	L. Atta Balender
Mt. Sinai Hospital	Cleveland	Helen Mallory
University Hospital	Columbus	Wilda Hackenburg
Oklahoma:		
State University of Oklahoma	Oklahoma City	Edith Tilton
Pennsylvania:		
Homeopathic Hospital	Pittsburgh	Irene Wilson
Western Pennsylvania	Pittsburgh	Charlotte Addison
South Carolina:		
South Carolina Baptist	Columbia	Leila Maude Tace
Greenville City Hospital	Greenville	Grace E. Ames
Utah:		
Latter Day Saints Hospital	Salt Lake City	Katherine Baily
St. Marks Hospital	Salt Lake City	Elizabeth Steelman

Hospital	*City*	*Dietitian*
Washington, D. C.:		
Walter Reed General	Washington, D. C.	Grace Hunter
Interne Dietitian Training under auspices of the Washington Branch of the American Dietetic Association. Training arranged through affiliation at the following hospitals:		
Tacoma General Hospital	Tacoma	Flora McLaughlin
Children's Orthopedic	Seattle	Dorothy Goodrich
Seattle General	Seattle	Mable G. Flanley
Northern Pacific Beneficial Association Hospital affiliated with Tacoma General Hospital	Tacoma	Gertrude Stevens

Copies of the approved outline have been sent in answer to many inquiries. Many of these come from faculty members and students of schools of home economics. Others are inquiries from hospital superintendents and from hospital organizations. About 250 copies of the approved outline have been sent out in addition to those sent with the questionaire.

SUGGESTIONS FOR FUTURE WORK

I. Continuation of the work of years past by:
   1. Keeping up-to-date and available for distribution from the office:
      (a) Outline of courses in "Preliminary Dietetics" and "Diet in Disease" for student nurses.
      (b) Outline of course for student dietitians in hospitals.
      (c) Suggested curriculum for students planning to enter hospital work.
      (d) Files of the non-commercial exhibit including diet outlines, courses for students, and other illustrative material in use in dietary departments in hospitals. This material would be available for reference. It would be loaned to members wishing to refer to it.

II. Continuation of the list of hospitals known to be following the approved course for student dietitians.
   1. From the experience of this year's committee the following suggestions are made:
      (a) That a hospital be placed on the list tentatively when by information gained through questionaire and correspondence it seems to be meeting all essential requirements of the course approved by the American Dietetic Association.

(b) That when the chief dietitian leaves, the name of the hospital be retained on the list for six months to allow her successor time to send information in.

(c) That ways and means be considered for having hospitals, whose names appear on the list approved by the American Dietetic Association for the work offered to student dietitians, visited by an accredited representative of the American Dietetic Association.

Respectfully submitted,

KATHERINE M. THOMA,
Chairman, Section on Education.

REPORT OF SOCIAL SERVICE SECTION ON THE DEVELOPMENT OF DIETETICS IN THE MEDICAL PROGRAM FOR THE CLINIC PATIENT[1]

In New York City there are 15,000 people sick in bed as a daily average; from three to four millions annually seek medical attention, though not sufficiently ill to be in bed, and nearly one million of these secure medical attention from physicians practising in clinics. Thus, millions of people in the United States, many of them "with special conditions that may be benefited by the services of a dietitian" according to a statement made last year by Dr. Strauss, are seeking aid from physicians in clinics.

The above startling figures given by Michael Davis in a report on "Medical Care for a Million People" led the Social Service Committee to consider the development of dietetics in the medical program for the clinic patient, and to relate from the data they have been able to collect, something of the extension of dietary treatment for ambulatory patients.

Many factors are common in the treatment of both ambulatory and ward patients. The dietitian in either department must know the principles of diet and diet therapy to meet the conditions of the disease, the cost of the diet, whether it is purchased by the hospital or by the patient, methods of food preparation to satisfy the patient and the planning of suitable menus.

The dietitian, both in the ward and the clinic must teach the patient, the nurse, the student dietitian, the interne, the medical student and the public. The dietitian, both for the hospital ward and in the out-patient department, must have organizing ability, knowledge of people, ability to coöperate and a sense for interrelationships.

Because of these common basic factors which the social service dietitian shares with the hospital dietitian, she feels it essential to participate in the diet therapy and education sections at the annual meetings. She is willing to function in a separate section during the year, giving particular attention to the study of the special needs of her group. This has been the policy of the social service section during the past two years. The Social Service group should be a sub-committee under the Education and

[1] Presented at the annual meeting, American Dietetic Association, Washington, D. C., October 29, 1928.

Diet Therapy Sections. Their interests and principles are ours; the approach and application merely is modified to meet the needs of the ambulatory patient.

There must, however, have been some reason for the formation of a social service section, and those who are young in the organization may like to know of the work of the social service dietitian. The needs of the millions of people who are not sick in bed and yet require medical treatment are met in many organizations by the social service departments. The fact that these people often require special help led dietitians to offer their assistance in the medical care of the patient. One of the early developments was the visiting housekeeper, a trained home economics woman who served as an adjunct to the treatment of the tuberculous patient. This visiting housekeeper thought chiefly in terms of a normal diet. The nurse who helped the physician with formulas in baby feeding was another example of the extension of dietetic treatment outside the hospital ward. Industrial restaurants, school lunch rooms, the extension service of departments of agriculture, the nutrition service of the state and municipal departments of health, the American Red Cross, and many other organizations not mentioned employed a trained dietitian. Much of this food work was intensified during the war, when all minds centered on food, and the scientific study of nutrition was given a great impetus.

Then came the more elaborate programs of community health organizations, commercial concerns who advertised their products by means of sound health and nutrition teaching, health centers and out-patient food clinics. These included: American Red Cross, nursery schools, infant and child welfare organizations, relief organizations, nutrition sections in City Boards of Education and Boards of Health, Nutrition sections in State Departments of Public Health and in State Extension work, nutrition centers, tuberculosis associations, nursing and health associations, educational-commercial organizations, health extension sections of various organizations and out-patient food clinics. Of these, the fields that are developing most extensively at present are: health centers, educational departments of commercial food concerns and food clinics in hospitals and dispensaries.

The ward patient on his departure from the hospital often needs dietary instruction. This has led to the teaching of these patients, first in the hospital and then in the out-patient food clinic, where the case is followed up. The data reported by the chairman of the Diet Therapy Section, based on the record form prepared by Miss Hubbell, and the data of the Michael Reese record prepared by Mrs. Thoma, are examples of the com-

mon knowledge of the patient that is necessary to both groups of dietitians. The differing modes of life of the patient, his home environment, household activities, food habits, recreations, mentality and mental attitudes, occupation (type and hours), family relationships, hygienic habits, bathing, daily wash-up, sleep and rest, income, nationality and other factors need to be a part of the record. Thousands of ambulatory cases as well as the hospital patient who becomes an ambulatory patient, need the specialized treatment of the food clinic.

In various hospitals and medical centers, the food clinic is an integral part of the out-patient department, functioning like other medical clinics, with special quarters, records, and other details of the general routine of the hospital or dispensary. Such food clinics exist in the following: Vanderbilt Clinic of the New Medical Center, New York; Barnes Hospital, St. Louis; Los Angeles County General Hospital, Los Angeles; Michael Reese Dispensary, Chicago; University Hospital of Pennsylvania; Massachusetts General Hospital, Boston; Boston Dispensary, Boston and North End Clinic, Detroit.

Another type of service in some of the large hospitals is that given by a dietitian who visits the out-patient department, but who has no definite quarters there, and no established organization. She does not conduct daily food clinics, but assists in certain of the medical clinics in addition to her regular hospital duties.

There is also a modification of the Food Clinic in which a special dietitian is employed as in the Cornell Pay Clinic and the New York Post Graduate Hospital, New York City. Clinics and classes for diabetics and overweights are held and the dietitian is available in a consulting capacity for the patients of the physicians throughout the clinics. In the Pennsylvania Hospital the dietitian, besides holding cooking and nutrition classes, serves as consultant in the general medical clinic. Closely related to this type, but still not the Food Clinic per se (with consultation room, demonstration material, and individual instruction of the patient) is the form of organization that employs a special outpatient dietitian, either under the chief dietitian (as in the Peter Bent Brigham Hospital in Boston, the Lakeside Hospital in Cleveland, and the Jefferson Hospital in Philadelphia) or under the Social Service Department (as in the Lankenau Hospital, Philadelphia, where the nutrition worker, a member of the general dietary staff, gives all of her time to the Social Service Department). In the Philadelphia General Hospital and the Babies Hospital, dietitians give their entire time to out-patient treatment, under the dietetic department of the hospital.

In hospitals such as these we have the nucleus of a food clinic, interacting and coöperating with all the other clinics of the hospital or dispensary. Various other hospitals, among them Johns Hopkins, the Beth Israel of Boston and the new hospital of the University of Pennsylvania and the Jewish Hospital of St. Louis, are planning definite quarters for a food clinic. An indication of the awareness of hospital superintendents to this new departure was the request of the Special Hospital Problems Section of the American Hospital Association for a paper to be read at the San Francisco meeting on "Food Treatment of the Ambulatory Patient."

In reviewing the year's progress of the Social Service Session, let us recall one of the statements in the report of 1926–1927: "We have always been handicapped by not having a mailing list of dietitians interested in this field." We have asked that dietitians who are doing the types of work previously enumerated or similar pieces of work, send in their names. Members of this Association probably read our request in the JOURNAL, March 1928, p. 277, and sympathized with our intentions, yet we have had few replies.

I shall mention a few of the contributions of members of the Committee, through individual efforts in their particular field as they assist the medical departments of their various organizations in work outside the hospital wards. Mrs. DePlanter Bowes sent us word that her activities in Philadelphia have been chiefly coöperating with other agencies in the coordination of dietary work. There has been a close affiliation with the Parents' Council, so that lecture courses or talks on food and nutrition may be incorporated as a part of their study group programs. Coöperative work with the Children's Department of the Council of Social Agencies has been developed, and menus in Children's institutions in Philadelphia will be supervised and worked out by the Philadelphia Child Health Society.

Bertha B. Edwards and her co-worker, Frances H. Benjamin, are important members of the East Harlem Nursing and Health Demonstration. Dietetic instruction plays a large part in the medical service rendered by this health center. With their excellent knowledge of diet therapy, education and administration they maintain most sympathetic relations with the doctor, nurse and patient. Their publications, "Lesson Outlines for Maternity Classes," and "Pre-School Service in a General Health Program" are most valuable; the latter is unique in its field.

Carlotta Sloan of Stanford University Hospital, San Francisco, is the dietitian-in-chief of a large hospital; she conducts also a unique diet kitchen and dining room. Ambulatory patients may be sent there,

either to buy special foods, or to have their meals served according to the doctor's prescription; they are also given dietary instruction. Perhaps the most far reaching, yet indirect teaching is the serving of meals to the staff, internes, medical students, and others associated with the hospital. These simple meals are very attractive, well balanced and inexpensive. The food values of the meal are written on the blackboard, so that he who reads may learn. At Ann Arbor and Rochester the patients are fed in special dining centers or boarding houses, such as those conducted under the supervision of Dr. Joslin in Boston. These patients do not however, represent the ebb and flow of a large city out-patient department; their intimate association with the hospital leads them to look upon food as a part of their medical treatment, and they absorb, through the activities of eating and visualizing the food, the principles of diet to be applied later in their homes.

Miss Saunders of the Infant Welfare Society, Chicago, spent last year studying at Cornell. Her particular work was the study of nursery school nutrition, which points the way to another development of the dietitian working outside of the hospital. In the nursery school there is need of more than a knowledge of normal diet, as many children of that age have digestive disturbances or some allergic conditions, and must be fed according to medical prescription. An outstanding example of research in the field of pre-school nutrition is the work of the Merrill-Palmer School, of which Edna White, one of our consultant group, is the director.

Miss Spitz believes that one of the striking evidences of the Food Clinic's becoming an integral part of the out-patient department was illustrated when such a clinic was given quarters with both kitchen and consultation room in the new building at the Massachusetts General Hospital. There the student dietitian's training has been extended to include out-patient work. The supervisor of out-patient student nurses also became so enthusiastic about the Food Clinic that she asked her superintendent if the nurses might not be assigned to this clinic for three weeks, as to other medical and surgical departments. In January this assignment began. In an effort to reach more of the medical patients before they left the hospital, the chief of the medical service and Miss Spitz made ward rounds once a week, and those patients needing dietary instructions were sent to the food clinic in the afternoons. Graduates of schools of home economics who wished to know more of out-patient work asked to volunteer in the clinic. Field work of undergraduate students from home economics courses continued as during the previous two years.

In Boston, three members of the section were active on the Budget Council made up of representatives from all groups dealing with family expenditure—overseers, mothers' aid, family welfare and nursing service. They were also instrumental in the formulation of a course to be offered at Simmons College, giving field work in nursing organizations and out-patient food clinics to graduates of home economics courses who wished to do post graduate work in applied dietetics and public health nutrition. The New York School of Social Work is planning to send students to Miss Rheinberger, at the Presbyterian Hospital, for field work in a food clinic. The Temple University and the Drexel Institute in Philadelphia have engaged Miss Stockwell, the dietitian at the Babies' Hospital, for their field work with students.

The Boston Health League is also interested; they requested a survey of nutrition work in Boston which Miss Spitz completed last spring. Miss Stern was asked to prepare a program for use in teaching health in hospitals, out-patient departments, and other institutions for medical treatment.

A place on the program of our local Dietetic Association has been given to the social service dietitian. Miss Spitz, while chairman of the program committee of the Massachusetts Dietetic Association, was able to bring about an appreciative understanding between the social service and the administrative groups of dietitians. Courses for students, in terms of the out-patient department, are being worked out at the Boston Dispensary, and there is on hand an abundance of bibliographic material. Miss Elkin, of the Food Clinic of the Michael Reese Dispensary, as chairman of the non-commercial exhibit, has assembled material to be kept on file for distribution.

In the spring a questionnaire was sent out suggesting the need of food models for teaching purposes in order to demonstrate the portions of food required in various diseases as well as for the normal diet. It was stated that a sculptor had been found who could make very artistic and accurately constructed models. The cost would be decreased according to the increase in orders. It was hoped that a set of 25 models could be procured for $100.00, individual models would cost from $3.00 to $5.00. It was requested further that names of institutions desiring these models be sent to Frances Stern, Food Clinic, The Boston Dispensary, 25 Bennet Street, Boston, with information as to kinds of individual food models desired, weight in grams, and the form of household measure, such as slice, ball, cube, or other form; also state whether served in cup, saucer, or tablespoon, etc., and method of preparation, as cooked or raw, and

the form of preparation as sliced, mashed, creamed, chopped or fresh etc. If any institutions are still interested in obtaining these food models, please write to the address given above.

An opportunity to study the place of diet therapy in the out-patient department, and to advance the development of the food clinic came to the chairman of this section. A series of meetings was arranged for her in Los Angeles by the California Tuberculosis Association, with excellent coöperation by the local committee, representing the medical, educational and social agencies of the county. Some of these meetings took the form of clinic demonstrations, in which the chairman of this section demonstrated her conception of the orgnization of the Food Clinic, the technique of food treatment for the out-patient, and the opportunities for health education. The clinics were thronged with observers, and night meetings were open to the public. In San Francisco another series of clinic demonstrations and meetings was given under the auspices of Stanford University Medical School, with the University of California cooperating. At Oakland and Berkeley the work was sponsored by the health centers, and in Berkeley the medical department of the University of California again gave valuable assistance and materials. As a result of the meetings a Food Clinic was established in the Los Angeles General Hospital. At Stanford University Medical School a committee of physicians has recommended that a Food Clinic be established, and the University of California has placed itself on record as realizing the need of one.

(Signed) FRANCES STERN
Chairman, Social Service Section,
American Dietetic Association.
GERTRUDE SPITZ,
Secretary.

REPORT OF THE JOURNAL EDITOR[1]

Since August, 1927, more than 500 letters were sent out by the editor of the JOURNAL.

The JOURNAL in the past has been sent out from the press on the 15th of March, June, September and December. The press has been requested and has signified willingness to advance the date of mailing two days so that many of the subscribers may receive their copies on or before the fifteenth of the month.

Two thousand copies of the September JOURNAL were printed.

In the *Journal of the American Medical Association* and other publications during the past year several editorials have appeared based on papers published in our JOURNAL. Requests for exchange subscriptions and copies of the JOURNAL have been received from domestic and foreign medical publications.

During the past year, for reasons of economy, the question of a change of printers was investigated. The Business Manager made a thorough survey of possibilities; the most promising prospects were interviewed at a special meeting held in Chicago in February, 1928. After carefully going over offered bids and selecting the most favorable for final consideration, it was decided not to make any change of printers for the present. There were several influences bearing on our decision, chiefly the probability that any saving involved would be more than offset by the following considerations: The press offering the lowest bid was not printing any medical or scientific publications; it would take possibly three days for copy to reach the press from the editor's office instead of an overnight interval as at present; the assistant editor was located in the same city with our present press; we did not (nor do we now) have the regulation editorial personnel found in many offices, consequently the preparation of copy for the press (no small task in many instances) and the correction of galley proofs descended upon the editor alone. The familiarity of the Waverly Press with the setting up of scientific material in proper form, their ability to correct mistakes in the arrangement of bibliographies and their avoidance of a number of typographical errors are added assets in

[1] Submitted before the annual business meeting of the American Dietetic Association, October 29, 1928.

favor of the printer of our JOURNAL. From the editor's viewpoint, these last were the most cogent reasons for not making a change in printers.

The general needs of the JOURNAL appear to be:

1. A high standard of copy from the standpoint of content, English and ethics.

2. A greater diversity of material; especially do we need papers on all phases of administrative problems.

3. Accuracy, not only in the matter of routine proof reading, but greater care in the preparation of scientific papers. It is probable that many readers are inclined to accept statements of our contributors as coming more or less from the Association.

4. As I understand it, the proposed JOURNAL Board, if favorably acted upon by this body today, will function chiefly as an advisory board to the editor in addition to its stated purpose as outlined in the proposed amendments to the constitution. We should have such a board. But we also need assistant editors to whom the editor may assign specific work.

5. A section devoted to Current Comment (material unsuited to the editorial pages or news items); this should be in charge of an assistant editor.

6. A complete bibliography of current literature with short abstracts of the more outstanding articles of interest, under the direction of an assistant editor.

The JOURNAL was undoubtedly intended for, and should truly be, the voice of our Association. It cannot be this, in every sense, unless the editor and her assistant have the whole-hearted support of the Executive Committee and every member of the Association. Without the intimate knowledge of the needs and wishes of the Association, gained through close coöperation with the Executive Committee, there is danger that the editorial policy and the selection of material may be narrowed down to the views and preferences of the two people who are immediately responsible for copy arriving at the press on schedule. This consideration of promptness is an omnipresent one with the editor and her assistant, and it is probable that this sense of responsibility for adherence to the JOURNAL schedule cannot be satisfactorily fragmented and distributed among several persons. In preparing copy and building each issue of the JOURNAL, we are constantly confronted with the necessity for passing judgment on questions that must be settled immediately—matters that do not permit of possible indefinite delays in writing for and receiving advice by mail. We should have at all times exact knowledge of the current administration policies in order to act wisely.

If the JOURNAL is to be of the greatest service, it must have a dual purpose; it must met the needs of the Association's members, and it should be a medium for the true representation of our profession to the many members of the affiliated groups now numbered among our readers. To achieve this dual purpose, the editor and her assistant ought to know not only what is going on in the Association, but more than that, what the Association demands of the JOURNAL. The Association's activities and needs may undergo a metamorphosis with each new administration. How may the editor be best informed as to these modifications? In what way can she most satisfactorily weld the policy of the JOURNAL with that of the current administration?

A year's experience in guiding the JOURNAL has given Miss Kathleen Lewis and myself a better understanding of the great responsibility carried by the editors. We appreciate more than ever the courage, wisdom and foresight of Dr. Ruth Wheeler, who made the JOURNAL a reality, and the high standard set by our President, Florence H. Smith, who quietly and efficiently interpreted and expanded, in the difficult first three years of the JOURNAL's existence, the high ideals and aims of its founder.

STATEMENT OF JOURNAL EDITORIAL EXPENSES

August 20, 1927, to October 1, 1928

December, 1927:		
Secretarial work, stamps and postage, telegrams, telephone	$37.90	
March, 1928:		
Secretarial work, stamps and telegrams	36.00	
June 1928:		
Secretarial work, stamps, telegrams and telephone	36.64	
September, 1928:		
Secretarial work, stamps, telegrams and telephone	53.76	
Total for JOURNAL expenses		$164.30

STATEMENT OF EDITOR'S TRAVELLING EXPENSES

American Hospital Association (October 7 to 13, 1927) and American Dietetic Association (October 16 to 21, 1927) Conventions	$172.36	
Special JOURNAL meeting, called to interview printers, Chicago, February 7 and 8, 1928	106.95	
Catholic Hospital Association of United States and Canada Convention, Cincinnati	116.27	
Total for Conventions		395.58
Total for Quarterly JOURNAL expenses		164.30
Grand Total		$559.88

The item of quarterly JOURNAL expenses will necessarily increase in the future. Heretofore this has been kept down to a comparatively low level due to the fact that the editors have given much of their time to work that properly should be done by a secretary.

(Signed) MARY PASCOE HUDDLESON, *Editor*,
KATHLEEN LEWIS, *Assistant Editor*.

SECRETARY'S REPORT, 1927–1928[1]

The duties of the secretary are more interesting each year, as the Association continues its rapid growth. The past year has proven particularly gratifying and illuminating in this respect. Ever since the annual meeting in 1926, when the revision to the Constitution was passed raising the qualifications for membership and creating the new classification of Junior Member, we have been delighted with the numbers of applications which have been received. Although we are convinced the higher qualifications are of major importance, we also appreciate the full significance of the contribution of other factors influencing this membership impetus.

During the year 1926–27, Phyllis Dawson Rowe of Johns Hopkins Hospital was chairman of the standing committee on New Members. This Committee was well organized and consisted of keen, wide-awake dietitians who spared no efforts in securing the desired results. That same year the drive from the Secretary's office for new affiliated state organizations was most gratifying. The local groups and the national association were both strengthened by requiring the acceptance of the individual membership applications by the American Dietetic Association before the application could be acted upon by the state association. Finally, the new JOURNAL OF THE AMERICAN DIETETIC ASSOCIATION, fostered through the vision of our President, Ruth Wheeler, played an invaluable part in welding and binding the interests and aspirations of the individual members and the local and national associations into our present membership with its united ideals and professional standards. The following comparison of figures from the years 1924–25 to 1927–28 inclusive, will give a concrete picture of this growth.

	1927–28	1926–27	1925–26	1924–25
Letters sent out	1340	1215	742	575
Applications received	408	331	237	207
Applications accepted:				
Active	173	160	160	100
Associate	46	45	25	
Junior	124	71		
Total	343	276	185	100
Applications rejected	1	8	16	11
In hands of Committee	15	36	26	44
Held for further information	49	11		

[1] Presented at the annual business meeting of the American Dietetic Association, October 29, 1928, Washington, D. C.

The duties of the Secretary include Chairmanship of the Membership Committee and responsibility for registration at the annual meeting, in addition to those usually accorded this office. Throughout the year the activities devolving on the Membership Committee comprise the greatest bulk of the Secretary's correspondence. This Committee passes upon the qualifications of both individual and local or state affiliation applications, so that an increase in new members and new local or state associations at once indicates an increase in work. The following percentage comparison will be of interest.

	1927–28		1926–27		1925–26
	Number	Per cent increase over last year	Number	Per cent increase over last year	Number
Letters sent out	1,340	10	1,215	64	742
Membership applications received	408	23	331	40	237
Membership applications accepted:					
Active	173	8	160	0	160
Associate	46	2	45	80	25
Junior	124	75	71		
Total	343	24	276	49	185

This table indicates that there was a 49 per cent increase in the total of new members for the year 1926–27, following the revision of the Constitution; this total included 71 Junior members (our first year for this classification), the following year, 1927–28, the new Junior members accepted totalled 124 or a 75 per cent increase. Since these members almost without exception apply for either an active or associate classification as soon as their period of experience has been completed, it will be readily seen that this classification is an asset. This type of membership in the Association brings encouragement to the student dietitian starting out on her career. The efficiency of the Placement Bureau comes in at this point as a vital factor, since the Bureau finds it less difficult to place a student dietitian who is a Junior member of the American Dietetic Association than one who is ineligible for membership, and the young dietitian is quick to recognize this asset.

There are now twelve affiliated local or state associations, the Quebec Dietitian Association having submitted a revised constitution to conform to the revision of the national association constitution, and the Minnesota Dietetic Association having recently been accepted for affiliation. The list follows:

Allegheny Dietetic Association
British Columbia Dietetic Association
California Dietetic Association
District of Columbia Dietetic Association
Massachusetts Dietetic Association
Montreal Dietetic Association
New York Dietetic Association
Philadelphia Dietetic Association
Rochester Dietetic Association
Quebec Dietetic Association
Washington Dietetic Association
Minnesota Dietetic Association

Forseeing this development for the past year, the Treasurer, Theresa Clow, increased the tentative budget for the Secretary to $250. The following report of expenses, October, 1927, to October, 1928,[2] shows that we were able to keep below this figure.

Postage	$59.00
Clerical assistance	142.40
Supplies	4.98
Total expenses of Secretary	$206.38

A gratifying number of invitations from cities for the 1929 annual meeting have been received. It is one of the duties of the newly elected Executive Board to consider this matter in detail at the December or January meeting and make a final decision at that time.

This past year's work of the Secretary has emphasized certain needs, both as to routine procedure and new policies. The following recommendations are respectfully submitted for the consideration of the incoming Executive Board:

1. That a standing committee be appointed by the President to decide upon a standard interpretation of the term "Foods and Nutrition" used in the Constitution for defining membership qualifications. This could be done by a study of unit credits of various colleges and universities so that the minimum credit hours for *each* subject necessary to such a major would be defined by this Committee and considered as acceptable in meeting our American Dietetic Association requirements for membership. Such a study at this time seems quite necessary in order to simplify the future work of the Membership Committee.

2. That the appointment be made of a permanent legislative committee

[2] These figures will vary from those of the Business Manager as they are for the term of office of the Secretary which is not the same as the fiscal year of the Association.

to keep in active touch with proposed state and national legislation affecting the future status of our profession and its members.

3. That new members of the Executive Board should receive memoranda of decisions made by outgoing members of the Board; executive officers should receive copies of the complete proceedings of the annual business meeting, in addition to copies of the current revised constitution.

Our report would be noticeably incomplete if we failed to tell of the loyal support of the members of the Membership Committee, Lenore Weber Bennett, Secretary of the American Dietetic Association, 1925–26, and Ruth Cooley, Chief Dietitian, Jewish Hospital, St. Louis, Missouri.

Respectfully submitted,

QUINDARA OLIVER,
Secretary.

REPORT OF PROGRAM CHAIRMAN

During April and May, letters were written to members of the Executive Committee, various convention chairmen and Mrs. Richmond; conferences were held with Mrs. Huddleson, Mrs. Byran, Miss Graves, last year's program chairman and others, asking for criticism of the arrangement of last year's program, suggested speakers and suggestions for the good of the program. One general criticism received was that there had usually been too little time for visiting, personal conferences and getting acquainted. The local Arrangements Committee was asked to submit a tentative plan, which was then modified to conform to the best suggestions received. Conspicuous changes were: holding the business meeting the first day, planning for a Who's Who luncheon in place of the Alumnae luncheon, having a Special Interest dinner instead of luncheon to allow more conference time, and arranging for several teas. Copies of the program plan were then sent the first part of June to all members of the Executive Committee. A list of suggested speakers was included. Early in June, Mrs. Bryan consented to take charge of the banquet, which was such a conspicuous success last year. Ruth Cooley agreed to be responsible for the Special Interest dinner and later Quindara Oliver agreed to preside at the Who's Who luncheon. Section chairmen were asked to have their programs well under way by the middle of July, so that some announcement of the program could be made by August first for the August bulletin. Invitations to as many as possible of the speakers for the general program were sent out before the end of June, in order to be sure to reach their destination before summer vacations began. In August, the chairman of local arrangements was asked to make sufficient room reservations to take care of speakers on the program. Fairly complete announcements of the program details were ready by the middle of September for the September bulletin.

The Chairman wishes to express her deep appreciation for the coöperation of Miss Shuman, Miss Lindsley and Miss Hunter of the local group and of Miss Bering and Miss Rowe in Baltimore. Their work in assisting with the program details was probably less conspicuous than that of those who were taking a direct part in the program but it has been just as fundamental to the success of the meeting. Mrs. Richmond and our President were always available, as were Mrs. Huddleson and Mrs. Bryan, and gave worthwhile assistance.

(Signed) MARTHA KOEHNE,
Program Chairman.

CURRENT LITERATURE[1]

American Journal of Diseases of Children

August, 1928

*Factors in the decay of teeth. Louise O. Kappes.—p. 269.

*A possible causal factor of food allergy in certain infants. B. Ratner.—p. 277.

The influence of feeding on certain acids in the feces of infants. J. R. Gerstley, C. C. Wang, R. E. Boyden, and A. A. Woods.—p. 285.

*Blood fat in diabetic children. Gladys L. Boyd.—p. 298.

September, 1928

Permanent records of growth and nutrition of children. H. D. Clough and J. R. Murlin.—p. 425.

*Diabetes mellitus in children. H. Spencer.—p. 502.

October, 1928

*Self selection of diet by newly weaned infants. Clara M. Davis.—p. 651.

*Calcium and phosphorous metabolism of epileptic children receiving a ketogenic diet. M. Van K. Nelson.—p. 716.

Specific dynamic action of food in normal and marasmic infants. S. Z. Levine, J. R. Wilson, and G. Gottschall.—p. 740.

Factors in the decay of teeth. The most important point of definite etiologic significance in preventing decay of teeth is a diet composed largely of fruits and vegetables. Heredity, infectious diseases and the care of the teeth seem to be of little, if any, significance.

A possible causal factor of food allergy in certain infants. Many interesting case histories are given showing the importance of a proper diet during pregnancy. Over-indulgence in certain protein foods, for example, eggs during pregnancy have a tendency to produce an allergy to that food in the infant.

Blood fat in diabetic children. A high calorie diet, or one sufficient to produce overweight in diabetic children, tends to produce lipemia. The fat content of the diet affects the fat content of the blood only during the period of rapid gain, or when the weight is over ten per cent above normal. There is not a constant relationship between the fat of the diet and fat of the blood when the F.A.-G ratio does not exceed 1.5:1.

Diabetes mellitus in children. The typical diabetic child at the time of the onset of symptoms is overheight and overweight for both age and height. Ten diabetic children under observation for an average period of 2.2 years while receiving insulin showed a rate of gain in height and weight of 24 per cent below normal. Mortality among diabetic children has been reduced since the introduction of insulin and the general progress seems very much improved.

Self selection of diet by newly weaned infants. Three infants of weaning age were subjects of the self-selected diet experiment, two for periods of six months each—one for a period of a year. They were able from the first to select their own foods from a list of simple natural ones and in quantities sufficient to maintain themselves with good nutritional results.

Calcium and phosphorous metabolism. The calcium and phosphorous intake and output was determined in three epileptic children receiving a ketogenic diet. The output of both calcium and phosphorous exceeded the intake. Further studies are being made to determine whether these minerals may be supplied from another source without hindering the effectiveness of the ketogenic diet.

[1] This section is edited, beginning with this issue of the JOURNAL, by Kathleen M. Lewis of Johns Hopkins Hospital, Baltimore.

The American Journal of Hygiene

September, 1928

*The nutritive value of haddock and herring. M. C. Kik and E. V. McCollum.—p. 671.

The nutritive value of haddock and herring. Experiments with haddock and herring proved them to have good supplementary value for the protein of oats and wheat. Both fish are shown to contain vitamins A and D with small and variable amounts of B.

American Journal of Physiology

August, 1928

*The seasonal variation in basal metabolism. Florence L. Gustafson and F. G. Benedict.—p. 43.

September, 1928

*The protein intake.—E. M. MacKay, L. L. MacKay, and T. A. Stanford.—p. 459.

*Influence of age on the relationship of renal weight to the protein intake and the degree of renal hypertrophy produced by high protein diets.—E. M. MacKay, L. L. MacKay, and T. A. Stanford. —p. 466.

October, 1928

*The effects of ligation of pancreatic ducts on gastric digestion. S. A. Yesko.—p. 483.

*The value of acterol in the treatment of thyroparathyroidectomized dogs. J. C. Brougher.—p. 538.

*The influence of the daily oral administration of magnesium sulphate or lactose on the blood volumes of normal, beri-beri and fasting pigeons. Barlow and Biskind, Western Reserve University, Cleveland, Ohio.—p. 594.

*Rickets in rats. A. Stahl and F. Bing.—p. 633.

The seasonal variation in basal metabolism. Basal metabolism of twenty young women was measured each month (with the exception of July, August, September) between October, 1926 and January, 1928. The oxygen consumption was graphically recorded. The average values for the oxygen consumption strongly suggested that the metabolism tends to be at a low level in the winter and to rise during the spring and summer.

The protein intake. This article gives information of a quantitative nature as to the relation of the protein intake to the size of the kidneys. Graphs show a linear relationship between the renal weight and protein intake.

Influence of age on the relationship of renal weight to the protein intake and the degree of renal hypertrophy produced by high protein diets. Authors state that age has no influence on the linear relationship between renal weight and protein intake. The percentage and actual increase in renal weight, which follows a given percentage in protein intake, decreases with increased age.

The effect of ligation of pancreatic ducts on gastric digestion. In the absence of all pancreatic secretion there is only a slight rise in gastric acidity. The stomach empties faster and there is an increased protein digestion in the stomach, also an increase in blood amylase. Good health is maintained but loss of weight is progressive when both pancreatic ducts are ligatured and evulsed.

The value of acterol (irradiated ergosterol) in the treatment of thyroparathyroidectomized dogs. It was discovered that acterol in 0.4 cc. dosage given in conjunction with milk from the day of operation prevented tetany in thyroparathyroidectomized dogs. It is concluded that a rich supply of vitamin D is efficacious in a large percentage of instances in enabling the body to utilize calcium in the disturbed calcium metabolism found in parathyroid tetany.

The influence of the daily oral administration of magnesium sulphate or lactose on the blood volumes of normal beri beri and fasting pigeons. The loss of body weight in the development of inanition shown by pigeons with beri beri or in complete fasting is accompanied by diminution of the red blood count and total blood volume. Magnesium sulphate or lactose exert an anti-anemic effect during the course of inanition by interfering with blood destruction.

Rickets and tetany in rats. If rats, made rachitic on a high calcium, low phosphorous diet, are given sufficient phosphorous to make the diet normal, rickets are cured, but tetany occurs. Also, the response of rachitic rats to the administration of cod liver oil or irradiation shows a lessened irritability;

the addition of phosphates, a heightened irritability.

American Journal of Public Health

September, 1928

The preparation of acidophilus milk. F. E. Rice.—p. 1105.

*Nutrition experiments in the schools of Winston Salem, N. C., Eleanor Whittinghill.—p. 1121.

October, 1928

*How Bridgeport reduced its infant mortality. C. C. Taylor.—p. 1235.

Nutrition experiments in the schools of Winston-Salem, N. C. Nutrition experiments were carried out on rats to demonstrate values of certain foods to school children,—milk, lettuce and meat were compared to coffee and soft drinks. This type of nutrition education stimulates an interest in personal well-being

How Bridgeport reduced its infant mortality. In Bridgeport the gastro-intestinal diseases as causes of death are almost negligible, due, in large measure, to the fact that 95 per cent of the milk sold in the city is pasteurized. Prematurity and the respiratory diseases remain the two principle causes of infant deaths.

Annals of Internal Medicine

August, 1928

*Present results and outlook of diabetic treatment. F. M. Allen.—p. 203.

September, 1928

*Diabetic therapy with special references to the newer remedies. A. A. Herold.—p. 269.

*The influence of the tropics on rickets. Col. Roger Brooke.—p. 281.

October, 1928

*The dietetic management of the diabetic in the doctor's office. W. H. Olmstead.—p. 325.

*The treatment of diabetes with special reference to accessory forms of treatment. W. M. Bartlett.—p. 334.

*An experience with a ketogenic dietary in migraine. T. G. Schnabel.—p. 341.

Present results and outlook of diabetic treatment. In the past few years much research has been made in the direction of oral medication for the diabetic. Synthalin and myrtillin are, to date, the most nearly successful of the products offered. None have replaced the importance of insulin, which, if properly administered—with due consideration given to diet—will enable the diabetic patient to live as long and as efficiently as the non-diabetic.

Diabetic therapy with special references to the newer remedies. The future for the diabetic looks hopeful with insulin and our knowledge of its use with a regulated diet. At present, encouraging investigation is being done with various compounds, such as synthalin, neo-synthalin, fermocyl, reglykol, and glukhorment.

The influence of the tropics on rickets. From this study it is apparent that 25 per cent of the children in the tropics have rickets. Most cases are of a mild type. Severe rickets and marked rachitic deformities are rarely observed. Climatic conditions greatly favor rickets. The dietetic factor of diets poor in sterols seems to be a less important factor.

The dietetic management of the diabetic in the doctor's office. A very simple method of teaching the diabetic patient the "total sugar value" of the diet is outlined, with tables calculated to meet the demands of a definite class of patients. This method is used as an introduction to the more complicated and exact method of weighing and finally calculating the carbohydrate content of the amounts of food.

The treatment of diabetes with special reference to accessory forms of treatment. This article points out the difficulty of proving the value of a diabetic remedy. The accessory forms of treatment are criticized and the impossibility of determining the therapeutic value of myrtillin is emphasized.

An experience with a ketogenic dietary in migraine. The results of eighteen cases under study from the acid base standpoint are herein stated, together with the recommended dietary plans. Sufficient relief and improvement were shown, by using the high

fat, low carbobydrate diet, to warrant further investigation and research.

Archives of Pediatrics

August, 1928

The modern management of prematurity. J. H. West.—p. 467.
*The metabolism of fats in infancy. P. S. Potter.—p. 483.
*Celiac disease. M. S. Reubens.—p. 498.
A case of inveterate rickets. M. Gleick.—p. 504.

September, 1928

*Experiments with banana feeding in infants. L. von Meysenburg.—p. 509.
The metabolism of carbohydrates in infancy. P. S. Potter.—p. 514.
Serviceable habits. W. L. Funkhouser.—p. 543.

October, 1928

*Proteid metabolism in infancy. P. S. Potter.—p. 580.

The metabolism of fats in infancy. Bottle-fed infants do not receive as much fat as breast-fed ones. Moreover, they cannot tolerate as much because of the volatile acid content of cow's milk. Fat (for infants) is principally in the form of neutral fat. The absorption of fats in healthy infants is very high, ranging from 95 to 98 per cent.

Celiac disease. Celiac disease is evidenced by loss of power to absorb the end products of carbohydrates and fat metabolism. The symptoms correspond to those of scurvy and the cure is breast milk, orange juice and cooked bananas.

Experiences with banana feeding in infants. The banana, which has been looked upon as a dangerous food for infants, is now found to be of value in supplementing the diet. It is of aid in constipation, a cure for scurvy and often stimulates the appetite. However, it is very necessary that the banana be thoroughly ripe and macerated.

Protein metabolism in infancy. Experiments have shown that protein causes a greater increase in metabolism than any other food. It must be furnished in a digestible and assimilable form up to the point necessary to replace the body loss and to provide for growth. Protein should furnish not less than eight per cent and not more than ten per cent of the total food energy value for the normal infant.

Hospital Management

September 15, 1928

*Perhaps this is why half of the hospitals have poor food service. Lulu G. Graves.—p. 44.
*How dietetics is taught. Mary A. Foley.—p. 70.

October 15, 1928

Dietary organization and methods of the Strong Memorial Hospital. Grace Carden.—p. 29.
*Sisters see central service.—p. 68.

Perhaps this is why half of the hospitals have poor food service. The large percentage of inefficiency in food service in our hospitals may be attributed to the lack of a definite standardized course for the student dietitian and also to inadequate equipment.

How dietetics is taught. Results of a recent survey made by the food service committee of the American Hospital Association which show that in a great many hospitals no definite outline of study has been developed for the teaching of dietetics to nurses.

Sisters see central service. The principle of the central service system which has found considerable favor with numerous institutions is explained in brief by its originator, Louis Cooper Levy.

Journal of American Medical Association

August 4, 1928

*Difficulties in the diagnosis of insulin coma. E. L. Sevringhaus.—p. 305.
*Symptomatology of Vitamin B deficiency in infants. B. R. Hoobler.—p. 307.
*Food allergy as the cause of nasal symptoms. C. H. Eyermann.—p. 312.
The nutrient merits of potato protein.—p. 322.

August 18, 1928

*The efficiency and safety of the prevention of goiter. O. P. Kimball.—p. 454.

August 25, 1928

*Chronic arthritis. W. C. Stoner.—p. 540.
*Control of public milk supplies. W. F. King.—p. 552.

September 1, 1928

*Prolonged insulin hypoglycemia without symptoms. S. J. Maddock and H. C. Trimble.—p. 616.
Simplification of infant feeding.—p. 646

September 8, 1928

Aplastic anemia. W. W. Duke.—p. 720.
*Natural food pigments.—p. 729.

September 15, 1928

*Clinical experience with irradiated ergosterol. A. F. Hess and J. M. Lewis.—p. 783.
Caloric adjustment.—p. 802.
Factors in the decay of teeth.—p. 804.
The energy metabolism of special exercises.—p. 804.
The underweight child.—p. 805.

September 22, 1928

The erythropoietic response of the various anemias to liver therapy. W. S. Middleton.—p. 857.
Experimental anemias. G. H. Whipple.—p. 863.
Liver fractions in pernicious anemia. R. West and E. G. Nichols.—p. 867.
*A case of pellagra following voluntary reduction of diet. P. S. Carley.—p. 879.
Breast milk a variable food.—p. 885.
Caffein-reduced coffees.—p. 886.

September 29, 1928

*The nature of pernicious anemia. J. H. Means and W. Richardson.—p. 923.
*Treatment of pernicious anemia with liver and liver extract. T. Ordway and L. W. Gorham.—p. 925.
Pernicious anemia treated with liver diet and liver extract. E. H. Heath.—p. 928.
*Unusual increase of carbohydrate tolerance in a case of juvenile diabetis. E. R. Blaisdell.—p. 960.
Vitamin A deficiency and infection.—p. 962.
An encomium on the egg.—p. 964.
Vitamin B content of ethylene ripened celery. M. F. Babcock.—p. 965.

October 6, 1928

Liver treatment in sprue.—p. 1038.

October 13, 1928

The precursor of Vitamin D: ergosterol.—p. 1110.
Specificity in vitamin activity.—p. 1112.

October 27, 1928

*Commercial acidophilus products. N. Kopeloff, P. Cohen and P. Bierman.—p. 118.

Difficulties in the diagnosis of insulin coma. The two cases of insulin coma presented illustrate the manner in which nervous excitement and unaccustomed exercise, or the omission of food usually eaten, may induce severe reactions when they are not otherwise expected. It is necessary to diagnose the cause of coma by clinical observation and by a therapeutic test, which consists of the administration of dextrose intravenously.

Symptomatology of vitamin B deficiency in infants. Can the symptomatology of well defined cases of beri-beri, in the complete absence of antineuritic substances, be identified in infants in which there is only a partial deficiency of the antineuritic substance? A group of symptoms, appearing in infants believed to be on a diet partially deficient in vitamin B, disappeared upon adding suitable quantities of brewer's yeast concentrate to the diet. This symptom complex consists of anorexia, loss of weight, spasticity of arms and legs, rigidity of the neck, restlessness and fretfulness.

Food allergy as the cause of nasal symptoms. Nasal allergy (vasomotor rhinitis) may be induced by the injection of certain foods. Some cases indicate that either the simultaneous or the sequential action of several allergens are necessary to produce symptoms. Nasal allergy due to ingestion can be determined by experimental manipulation of the diet and clinical study following purposeful feedings of the suspected allergens. Allergens mentioned by the author include: herring, chocolate, beans, peanuts, pork, corn, potato, canteloupe, ragweed, turnip, hazelnut, garlic, tomato, egg and almonds.

The efficiency and safety of the prevention of goiter. Results of a survey in Michigan. Through the study of certain communities in Michigan, covering a period of about five years, Kimble concludes that prophylactic measures in using iodized salt has decreased the prevalence of endemic goiter in school children. A study of thyroid conditions in adults gives no evidence that hyperthyroidism is induced by the use of iodized salt. The writer believes that the prophylaxis of goiter, as it has been carried out in Michigan, would appear to be very efficient and safe.

Chronic arthritis. Our present conception of the etiology of this disease indicates that there are two distinct types, the infectious, or so-called hyperthrophic form, and the

metabolic, or so-called atrophic form. Etiologic treatment is largely limited to the infectious or toxic nature of the disease. Dietary measures have limited value. A relatively low carbohydrate diet and high fluid intake is advised in most cases.

Control of public milk supplies. King points out the necessity for the control of milk supplies, the important phases of milk control and gives the Indiana state-wide program for bringing milk supplies to the highest possible standard of safety.

Prolonged insulin hypoglycemia without symptoms. Experimental evidence shows that, following insulin treatment, the blood sugar of diabetic patients may remain at levels of 50 mg. (per 100 cc.) or below, from one to six hours without symptoms.

Natural food pigments. Carolin, the yellow pigment found in natural foodstuffs has been found to possess a definite function in the dietary of the animal organism.

Clinical experience with irradiated ergosterol. Ergosterol, irradiated by ultraviolet rays, has been shown to be a potent anti-rachitic agent both for animals and for humans. It is 100,000 times as potent as codliver oil and can prevent or cure rickets in rats if given in a daily dosage of $\frac{1}{100000}$ mg.

A case of pellagra following voluntary reduction of diet. A white woman, upon restricting her diet so that it contained no milk, vegetables, meat or eggs, developed symptoms fitting the diagnosis of pellagra.

The nature of pernicious anemia. It would seem fair to assume that pernicious anemia is in a sense a deficiency disease yet unlike other deficiency diseases in that there must be a hereditary or acquired defect in the individual for the production of the disease.

Treatment of pernicious anemia with liver and liver extract. The results in 578 cases of pernicious anemia show that liver in daily doses of $\frac{1}{4}$ to $\frac{1}{2}$ pound, raw or cooked, or a potent extract of liver, benefited all remarkably. Hydrochloric acid is unnecessary.

Unusual increase of carbohydrate tolerance in a case of juvenile diabetes. A child eleven years old, showing symptoms of diabetes, was given large doses of insulin and put on a diet. A year and a half later she seems completely cured, with a normal blood sugar. The disease was apparently checked in its early stage and evidently the islands of Langerhans were regenerated.

Commercial acidophilus products. An investigation by laboratory analysis was made of a number of commercial acidophilus products to determine their therapeutic value. Only three of the samples fulfilled the claims stated in advertisements and labels.

Journal of Biological Chemistry

August, 1928

*The solubility in the stomach and duodenum of aluminum compounds found in baking powder residues. V. C. Myers and J. A. Killian.—p. 591.

*The influence of the administration of aluminum upon the aluminum content of the tissues and upon the growth and reproduction of rats. V. C. Myers and J. W. Mull.—p. 605.

The relation of copper to the hemoglobin content of rat blood. J. S. McHargue, D. J. Healy and E. S. Hill.—p. 637.

Quantitative determination of vitamin A. H. C. Sherman and M. P. Burtis.—p. 671.

*The copper content of milk. G. N. Quam and A. Hellwig.—p. 681.

September, 1928

*Rickets in rats. A. Stahl, F. Bing and K. Weed,—p. 257.

*Rickets in rats. A. Stahl, and F. Bing.—p. 269.

A comparison of raw pasteurized, evaporated and dried milks as sources of calcium and phosphorous for the human subject. M. Kramer, E. Latzke, M. Shaw.—p. 283.

October, 1928

*Iodine content of Cape Cod cranberries. F. Morse.—p. 409.

*Availability of disulfide acids as supplementing agents in diet deficient in cystine. B. Westerman and W. Rose.—p. 413.

Physiological response of rabbits to insulin. M. Sahyun and M. Blatherwick.—p. 443.

*Vitamin A deficiency and calcification of the epithelium of the kidney. E. C. van Leersum.—p. 461.

Blood regeneration in severe anemia. Elden, Warren, Sperry and Whipple.—p. 563.
*Complex nature of vitamin B. C. Hunt.—p. 723.

The solubility in the stomach and duodenum of aluminum compounds found in baking powder residues. With an ingestion of 15–90 mg. of aluminum from 0.4 to 14.6 mg. have been found in the gastric content in soluble form. The soluble aluminum, calculated on the basis of the amount actually present in the gastric contents, varied from 6 to 54 per cent, averaging about 25 per cent.

The influence of the administration of aluminum upon the aluminum content of the tissues and upon growth and reproduction of rats. Observations have been made covering four generations of rats receiving 2 mg. of aluminum sulphate per rat daily, in addition to the stock diet. The growth curves of these animals compare well with those of the controls, the only difference being that the aluminum fed rats show a slightly greater initial growth.

The copper content of milk. Results of the analysis of milk collected from four states are given. The copper content was fairly constant, varying from 0.2 to 0.5 mg. with no apparent correlation between the copper content and the ration.

Rickets in rats. Jucker and Mantzer have shown that the feces of rachitic rats are alkaline; in giving cod liver oil the reaction becomes acid. This suggested a possible test for the cure of rickets, which was worked out but not proved. The results of Stahl and Bing's work on rats are: (diets fed were alkaline) cod liver oil treatment—feces became acid; irradiation of corn treatment—feces remained alkaline; irradiation of corn plus cod liver oil—feces became neutral.

Rickets in rats. Weed's work on rats showed that the best growth was produced and maintained when cod liver oil and irradiated corn were given, as compared with oil alone, which gave good growth for first three weeks; lard alone, gave moderate growth for one week; sodium phosphate gave moderate growth. All the diets produced normal rats, but the growth curves varied according to the diets. The cod liver oil plus irradiated corn diet also gave larger bones, increased consumption of food and increased calcium and phosphorous balance.

Iodine content of Cape Cod Cranberries. The analysis of three lots of cranberries, based on the work of von Fellenberg, showed that iodine was highest in fruit from parts of Massachusetts nearest the sea. The same characteristic can be shown in the case of apples, potatoes, cabbage and lettuce.

Availability of disulfide acids as supplementing agents in diets deficient in cystine. McGinty, Lewis and Marvel (1925) have shown that lysine cannot be replaced in the diet by its corresponding hydroxyacid. Jackson (1927) found the same to be true of tryptophane and Westerman and Rose had similar results with cystine. Either the amino acid cannot be formed from corresponding hydroxyacids or its synthesis is not rapid enough.

Vitamin A deficiency and calcification of the epithelium of the kidney. This investigation correlates with the work of Osborne and Mendel that there is a relation between calcification of the bladder and vitamin A deficiency and proves experimentally that vitamin A deficiency causes changes in the tissue, resulting in deposits of epithelial cells containing calcium. These cells increase in size due to further deposition of salts from urine.

Complex nature of vitamin B. Hunt repeated the work of Sherman and Axtmayer, confirming the report that B contains two factors: (1) stable to heat, lack of which produces pellagra, called vitamin G and (2) unstable to heat, lack of which produces beri-beri and called vitamin F. When the two factors were administered separately to rats, the animals did not grow; when fed together the animals grew, but not normally; when the original yeast was fed, the animals

grew normally; when the yeast residue alone was fed growth ceased; and when the yeast residue plus the two vitamin factors were fed, growth was excellent. Beri-beri could not be cured by the anti-pellagra vitamin, nor could pellagra be cured by the anti-neuritic vitamin, which further confirms the evidence of two factors. The deficiency of the diet composed of the two factors (without yeast residue) suggests the possibility of a third factor in B which may be a supplement, a catalyzer, or even a third vitamin in B.

Journal of Home Economics

August, 1928

Food marketing courses. Ruetta D. Blinks.—p. 554.
*Calcium of cheese. K. Blunt and E. Sumner.—p. 587.
*Basal metabolism of young women. Hugina McKay.—p. 591.

September, 1928

*Home Economics and scientific progress. Edith A. Copeland.—p. 621.

October, 1928

*Progress in food and nutrition. Louise Stanley.—p. 640.

Calcium of cheese. The common fallacy that all kinds of cheese contain the same amount of calcium has been disproved. The quantity of calcium in cheese depends upon the method of manufacture. Rennet cheese contains more calcium than "sour milk" cheese. Cottage cheese, therefore, is a poor source of calcium.

Basal metabolism of young women. A study of the basal metabolism of young women is being made at the Ohio State University. Although the study is still in progress, some very interesting conclusions in regard to the energy production of the girls of different ages, and the individual variations from the average, have been made.

Home economics and scientific progress. The dangers and difficulties involved in the popular exploitation of dietary fads are discussed. The real significance of work in scientific laboratories should be so interpreted that it can be understood by the mass of people for whom it is undertaken.

Progress in food and nutrition. During the past year several valuable additions to our knowledge of vitamins, pernicious anemia, and the importance of the less usually considered metals in our diet, have been made. Vitamin B is not only antiberi-beri but also anti-pellagra. This new conception of vitamin B has raised many new problems and necessitated a revision of the method of studying it. Other sources of iron have been studied and proved to be as satisfactory as liver in the treatment of pernicious anemia.

Modern Hospital

August, 1928

*Dietetics from the viewpoint of the physician. W. C. Alvarez.—p. 128.
*Suggestions for a basic hospital diet. Florence H. Smith.—p. 134.
Coördinating medical service in clinics. P. S. Platt.—p. 138.
State registration of dietitians.—p. 132.

September, 1928

*How to buy and prepare liver appetizingly for children. Irene H. Wolgamot.—p. 156.

October, 1928

Linking the dietary department with the administration. Lulu G. Graves.—p. 73.
*Sane dietary habits characterize the Scotch. Margaret M. Fotheringham.—p. 124.
*Sprue patient must look to his diet at all times Frances B. Floore.—p. 128.

Dietetics from the viewpoint of the physician. Alvarez cites examples and explains the tremendous importance of the new knowledge of vitamins and roughage in diets.

Suggestions for a basic hospital diet. Considering Alvarez's suggestion for a basic hospital diet and profiting by them, Smith shows how standard diets may serve as patterns for the calculation of special diets, which the skillful dietitian can modify in turn for various patients.

How to buy and prepare liver appetizingly for children. In the treatment of anemia with liver, two rather serious problems often occur, namely, cost and manipulation of the liver into forms which the patient will accept. These difficulties may be overcome

by substituting the cheaper pig's liver and by the use of cleverly disguised dishes as suggested in this article.

Sane dietary habits characterize the scotch. Practically every food in Scotland is imported except fish. The diet of these hardy people consists of four meals a day, not only sufficient in calorie value but also rich in the protective foods.

Sprue patient must look to his diet at all times. Symptoms of sprue are discussed. A diet is worked out by Ashford, and based on his experiments with sprue patients at the Presbyterian Hospital, San Juan, Porta Rica is given. Many foods which were previously prohibited are noted.

Western Hospital and Nurses Review Combined with Food Facts

August, 1928

*The dietary customs of a South American country. Lois deKalb.—p. 19.
*Nutritive value of the garbanza pea. Helen S. Mitchell.—p. 26.

September, 1928

*Science adds reasons for variety in use of meats. G. Carlson.—p. 26.
Vitamined.—p. 38.

October, 1928

*The ketogenic diet in epilepsy. C. J. Barborka.—p. 15.
*The new diabetic patient. W. D. Sansum and Ruth Bowden.—p. 21.
The avocado in California. J. Dale and E. Stoddard.—p. 25.
*Planning and equiping a hospital kitchen. Harry Ferber.—p. 44.

The dietary customs of a South American country. This article emphasizes anew the value of scientific nutrition and improved methods of food production and sanitation, pointing out the disadvantages of the inadequate dietary of the people of Columbia. It is shown that their poor dietary, results in mental and physical stagnation.

Nutritive value of the garbanza pea. Some interesting facts are given concerning an apparently neglected source of good quality protein and vitamin B. The growth chart of experimental animals is given, together with the United States Department of Agriculture's analysis of the garbanza pea.

Science adds reasons for variety in the use of meats. From the standpoint of cost, flavor, food value and ease of preparation, meat is one of our most important foods. This article gives unusual methods of preparation and recipes.

The ketogenic diet in epilepsy. This article stresses the importance of the education of the patient in the treatment of epilepsy with the ketogenic diet. Barborka outlines the method used (in place of the more complex one offered by Woodyatt) in calculating the ketogenic diet. It is also made clear that this treatment is in no sense infallible. Accompanying the establishment of a state of ketosis, or shortly thereafter, there is a decrease or complete cessation of epileptic seisures in a certain percentage of cases.

The new diabetic patient. Sansum advocates a diet based on normal requirements in the treatment of diabetes rather than the low carbohydrate treatment generally used. He believes that while the progress in diabetic children is evident, nevertheless they are not growing as they should; with adults there is an alarming increase in complications due to blood vessel disease.

Planning and equipping a hospital kitchen. In hospital organization, no other element goes so far in determining the satisfaction of the patient as the food service. The architectural plan of the kitchen and the arrangement of the equipment must be given careful consideration if the best possible service is to be rendered. This article explains in detail the layout of an ideal kitchen; it is accompanied by interesting pictures and floor plans of a perfectly arranged hospital kitchen.

NEWS NOTES

The Eleventh Annual Meeting of the American Dietetic Association was most successful both in attendance and interest. This was largely due to the excellent work of the local committees, the program, publicity and exhibit chairmen. Over four hundred delegates were registered.

At the annual business meeting, held on Monday October 29, the following executive officers were elected: Anna E. Boller, President; Dr. Martha Koehne, First Vice President; Thelma Tubbs, Second Vice President; Quindara Oliver, Secretary; Katherine Mitchell Thoma, Treasurer. The proposed amendments to the constitution were adopted by a vote of the convention with the following modifications: Section 3 Article III was amended to read: "Life Members: Any active member of this Association may become a life member with all the rights and privileges of an active member by the payment of seventy-five dollars ($75.00) into the treasury of the Association. This shall include subscription to the Journal of the Association. Life members shall be exempt from the payment of dues. This amendment shall become effective one year from the date of this annual meeting." Section 3 Article VI was amended to read: "All members of this Association attending the annual convention shall pay a registration fee." Section 4, Article VI was amended to read: "The President with the approval of the Executive Committee shall appoint a Journal Board of six active members in good standing, each said member to serve for a term of six years. The first year one member of said Board shall be appointed for a term of one year, one member for a term of two years, one member for a term of three years, one member for a term of four years; one member for a term of five years, and one member for a term of six years respectively. Each succeeding year, one member shall be appointed to serve for a term of six years as specified. The President of the Association shall be chairman of said board which board shall elect an Editor who shall serve for a term of three years and who shall act as the executive officer of the Journal." The following members of the Nominating Committee for 1929 were elected: Amelia Lautz, Buffalo, N. Y., Chairman; Eva Thallman, New York City; Ella Eck, Grand Rapids, Michigan; Elizabeth Hayward, Los Angeles; Mary Lindsley, Washington, D. C.

The banquet on Monday evening was attended by 370 people with Mary de Garmo Bryan as toastmistress. Among the speakers were Colonel Whitcomb of the Surgeon-General's office, who believed that the dietitian must be patient; she can best attain her ultimate goal as an invaluable member of the army hospital staff by quietly and continually demonstrating her practical ability. Miss Mabel Boardman outlined the purpose of the proposed memorial to women who served in the World War, emphasizing that the dietitian should be represented. Katherine Fisher, of Good Housekeeping Magazine, also made a short address.

Margaret Gillam presided at the Administration Section program on Tuesday morning. J. O. Dahl, Service Manager of Restaurant Magazine and author of Kitchen Management, discussed the place of the dietitian in hotels and restaurants. He said that the dietitian would ultimately fit in better as a consultant rather than as a full time member of the restaurant staff. Alice McCollister, a former hospital dietitian at present successfully engaged in managing her own restaurant in New York City, spoke on the table d'hote meal. Such a meal must be flexible, permitting certain choices; it is unwise from a business point of view, to dictate what your guest shall eat. It does

not pay to follow dietary fads. The discussion which followed was led by Lulu Graves and Lenna Cooper.

Thelma Tubbs presided at the diet therapy section on Tuesday afternoon. Mrs. Thoma of Michael Reese Hospital discussed "Therapeutic Diet as a Variation of the General Diet." Dr. William Mallory of George Washington University read a paper on "Diet and Diabetes." Frances Stern, whose success in food clinic work at the Boston Dispensary is well known, presented a paper on "Out-Patient Dietotherapy." A paper on "Diet in the Disorders of the Gastro-Intestinal Tract" was read by Dr. William Earl Clark, Assistant Professor of Gastro-Enterology at Georgetown University.

The special interests dinner under the direction of Ruth Cooley was held on Tuesday evening. Tables were made up of groups interested in a variety of specialized topics, such as preliminary training of student dietitians, teaching in the out-patient department, methods of kitchen and food service organization, kosher kitchens and their problems, kitchen equipment and layout, the consultant dietitian, and problems of cafeteria management. Eighteen topics were listed, showing the great diversity of problems to be met by the dietitian. Women prominent in their specialized fields led the discussions. The leaders were Ruth Wheeler, Lulu Graves, Phyllis Rowe, Emma Smedley, Eugenia Martin, Mrs. Thoma, Helen Anderson, Mrs. Huddleson, Grace Moreland, Frances Stern, Anna Boller, Helen Mallory, Mary Rockwood, Martha Koehne, Henricka Rynberger, Thelma Tubbs, Ruth Cooley and Fairfax Proudfit.

Ruth Wheeler presided at the General Session Program on Tuesday evening. The following addresses were made: "Pellagra," Dr. Joseph Goldberger, Surgeon, U. S. Public Health Service, Hygienic Laboratory; "Beriberi," Colonel Vetter of the Medical Corps, United States Army; "Nutrition and the Family in Social Organizations," Bailey Burritt, General Director A. I. C. P., New York City.

Mrs. Thoma presided at the Education Section Program. Dr. Mary Swartz Rose of Teachers' College, Columbia University, presented one of the most instructive and pleasing papers of the convention. She outlined methods of nutrition education for children, illustrated in an inimitable manner with lantern slides and a story. Dr. Malcolm T. MacEachern, Director of Hospital Activities of the American College of Surgeons, discussed "Opportunities for Research in Hospital Dietary Departments from the Administrative, Educational and Therapeutics Standpoints." According to the speaker twelve million persons go to hospitals every year in the United States and spend an average of fifteen days each in these institutions. Lucy H. Gillett, Supervisor of Nutrition Bureaus, A. I. C. P., New York City, read a paper on "Educating the Public in Good Food Habits." The Speaker believed that one must catch the attention of the public through brevity and attractiveness; facts must be repeated a number of times over a period of months or years and these facts must be practicable and workable.

On Wednesday afternoon over four hundred dietitians were received by Mrs. Coolidge in the Blue Room of the White House. Following the reception, the guests were photographed with President Coolidge.

At the General Sessions Program Wednesday evening, the retiring President, Florence A. Smith, introduced the incoming President, Anna E. Boller, who took the chair and introduced the speakers of the evening. Dr. Thomas R. Brown, Physician-in-Chief of Dispensary for Gastro-Intestinal Diseases of Johns Hopkins Hospital, read a paper on "Problems of Diet in Relation to Diseases of the Digestive System." Dr. Horace R. Richardson, Senior-Assistant Physician at Sheppard and Enoch Pratt Hospital, Towson, Maryland, discussed "The Relation of Mental Disease to Digestion and Nutrition." James Fieser, Vice-Chairman, American Red Cross, read a paper on "Peace Time Diet Adapted to Days of Disaster." Mary A. Lindsley, Managing Director of the Grace Dodge Hotel, Washington, D. C., emphasized the need, not only for well tasting food, but for attractiveness in color and appearance. Absolute cleanliness is essential, cleanliness of room, linen, silverware, china, glass and the personal

cleanliness of those who serve. Back of this must be the cleanliness of kitchens, serving rooms, pantries, refrigerators and store rooms. The surroundings must present harmonious details and a suitable stage setting for the pageant of food.

Two of the most enjoyable social events of of the week were the teas on Sunday and Wednesday. Miss Mabel Boardman graciously entertained members of the Association on Sunday at her Washington home. On Wednesday afternoon, through the courtesy of Mrs. John D. Rockefeller, Mary Lindsley was hostess to the dietitians at the Grace Dodge Hotel. The hostess and members of the executive committee were in the receiving line. Over four hundred dietitians attended the tea. Flora McGill Keefer, noted Washington soloist, entertained the guests. Members of the Little Cabinet and presidents of all local women's clubs were invited. Association members who remained in Washington on Thursday were entertained at tea by the Bureau of Home Economics of the Department of Agriculture with Dr. Louise Stanley as hostess.

Various trips were arranged for Thursday, November 1. The visit to Johns Hopkins Hospital was of exceptional interest. At the morning session Dr. Winford Smith, Director of the Johns Hopkins Hospital, welcomed the guests. He believed that the person to be in charge of the whole dietary department of the hospital is the dietitian. The dietitian should remember, however, that the hospital itself is concerned with taking care of patients, not in higher theories of education for dietitians. From Dr. Smith's experience, the dietitan is of no particular value to the hospital until she has had hospital training. Dietitians should always guard against too much theory and not enough practice. Dr. George Walker discussed "A Study and Analysis of the Diets of Four Hundred Baltimore Families," using interesting charts to illustrate his talk. Dr. Paul G. Shipley, Associate Pediatrician of Johns Hopkins Hospital, in his paper "Our Fathers and the 'Scorby'," gave a most interesting historical account of scurvy. Following the morning meeting the dietitians were entertained at luncheon by the Hospital, with Phyllis Dawson Rowe, Chief Dietitian, acting as hostess. Dr. McCollum's laboratory and other points of interest in Baltimore were visited in the afternoon.

Members remaining in Washington on Thursday were entertained at the Walter Reed Hospital with Grace Hunter, Chief Dietitian, as hostess. Members of the Hospital Medical Staff addressed the guests. Luncheon and a concert by the Army band followed.

A report of the convention would not be complete unless one mentioned the exceptionally attractive and interesting exhibits. More exhibitors were in attendance than ever before. The Model Diet Kitchen was arranged with three points in mind; amount of space and arrangement and cost of equipment. By adapting electricity in its many forms, the lay-out for this kitchen was reduced to an area occupying only 216 square feet—a room 12 feet wide and 18 feet long. Space was of primary importance, as there must be sufficient open floor space in which to carry on the necessary work. On the walls of the Model Diet Kitchen, blue prints were shown giving a detailed lay-out of the plan. All of the various items included in the Model Diet Kitchen were of standard manufacture and are usually carried in stock by practically all kitchen equipment houses.

The Association is greatly indebted to the following list of exhibitors for their very attractive and instructive booths:

Alexander Molasses Company, Cincinnati, Ohio.
American Honey Producers League, Laramie, Wyoming.
American Institute of Baking, Chicago, Ill.
Battle Creek Food Company, Battle Creek Mich.
Breyer Ice Cream Company, Washington, D. C.
California Crushed Fruit Corp., Los Angeles, Cal.
California Fruit Growers Exchange, Los Angeles, Calif.
Calumet Baking Powder Company, Chicago.
Corn Products Refining Company, Argo, Ill.
R. B. Davis Company, Hoboken, N. J.
Edison Electric Company, Chicago, Ill.

Evaporated Milk Association, Chicago, Ill.
The J. B. Ford Company, Wyandotte, Mich.
Horlick's Malted Milk Corporation, Racine, Wis.
Institute of American Margarine Mfgrs., Washington, D. C.
Institute of American Meat Packers, Chicago.
International Nickel Company, Inc., New York City.
Journal of The American Dietetic Association, Chicago, Ill.
Journal of The American Home Economics Association Baltimore, Md.
Kellogg Company, Battle Creek, Mich.
Kingscounty Packing Company, Armona, Calif.
J. B. Lippincott Company, Philadelphia, Pa.
George A. Lueck Company, Milwaukee, Wis.
Mellin's Food Company, Boston, Mass.
National Child Welfare Association, New York City.
National Dairy Council, Chicago, Ill.
A. F. Pattee, Mt. Vernon, N. Y.
Postum Company, Inc., New York City
E. L. Patch Company, Boston, Mass.
Read Machinery Company, York, Pa.
Royal Baking Powder Company, New York City.
Emma Smedley, Media, Pa.
W. B. Saunders Company, Philadelphia, Pa.
Super Maid Cook-Ware Corp., Chicago, Ill.
Swartzbaugh Manufacturing Company, Toledo, Ohio.
John Sexton and Sons Company, Chicago, Ill.
S. C. Teichs Company, Chicago, Ill.
Vitavac Company, Fullerton, Calif.
Welch Grape Juice Company, Westfield, N. Y.

The Chicago Dietetic Association held a meeting Wednesday, September 19th. Mr. Owen T. Webber, an engineer of the firm of Webber and Wells, talked on equipment. Following his address, there was an informal discussion on the teaching of dietetics to student nurses.

We are very sorry to announce that Miss Reed has resigned her position at Albert Merritt Billings Hospital, and will be leaving us soon. She has served the Association well as treasurer this last year.

At the June meeting a chemist of the department of chemical research of Armour and Company spoke on the preparation and value of liver extract in cases of anemia. He cited cases and exhibited charts showing the marked improvement of patients under this treatment.

At the July meeting Ruth Emmerson of the Social Service Department of the University of Chicago spoke of the work done in the out patient department. Alberta Childs, now affiliated with the Alice H. Woods Welfare Station, gave an informal talk on work she had done in Laborador while associated with Dr. Grenfell.

The Connecticut Dietetic Association. The following Connecticut hospitals were represented at the 11th annual convention of the American Dietetic Association held in Washington, D. C.

Bridgeport Hospital, Bridgeport.
Danbury Hospital, Danbury.
Grace Hospital, New Haven.
Griffin Hospital, Derby.
Hartford Hospital, Hartford.
Manchester Memorial Hospital, South Manchester.
Middlesex Hospital, Middletown.
Waterbury Hospital, Waterbury.

Alice McArthur Cattanach of Williamstown, Ontario, a graduate of Macdonald College, Montreal, and of the Johns Hopkins Hospital post-graduate course for dietitians, who has been in the department of nutrition of the New Haven Hospital for three years, has taken over the work of metabolism supervisor in the wards and metabolism clinic. She will also have some of the classes in diet therapy for medical students. Olive Larson, a graduate of the University of Wisconsin and of the Johns Hopkins Hospital post graduate course for dietitians, has taken Miss Cattanach's place in charge of the special diet kitchen. She also instructs student nurses in diet therapy.

Sara E. Myers, a graduate of the University of Kentucky and of the Johns Hopkins Hospital post graduate course for dietitians,

is now an assistant in the special diet kitchen, taking the place of Geneva Smith, who left New Haven Hospital to return to Ohio University to work towards her master's degree.

Rachael Fabrick of Cedar Falls, Iowa, a graduate of Iowa State College and of the Bellevue and allied hospitals has taken over the supervision of diets in the private pavilion of the New Haven Hospital, taking the place of Helen Resch of Youngstown, Ohio, who left to travel in Europe.

Louise O. Canham of Long Beach, California, a graduate of the University of North Dakota and of the Johns Hopkins Hospital dietetic course, will remain as nutrition worker and instructor in cookery and nutrition at the New Haven Hospital.

Eleanor S. Warren of Westfield, Massachusetts, a graduate of the University of Wisconsin and of the Peter Bent Brigham Hospital, is relieving for Miss Cattanach during the month of August and will relieve for Katherine Grittinger, Chief Dietitian at New Haven Hospital, during the month of September.

Letitia Downey formerly assistant dietitian at Stamford Hospital has taken Constance M. Henderson's place at the Charlotte Hungerford Hospital, Torrington.

Alice Burke left Waterbury Hospital in July to become Eva Thallman's assistant at the Woman's Club New York City. Doris Keller who has been in charge of the administrative department at Peter Bent Brigham Hospital, Boston has taken Miss Burke's place.

The Grand Rapids Dietetic Association elected the following officers at the annual business meeting: President, Mary A. Harman; Vice President, Phyllis J. Lee; Secretary-Treasurer, Mrs. Foley. Monthly meetings have been held at which a number of helpful papers have been read by the members and outside speakers.

Ella M. Eck of Blodgett Memorial Hospital attended summer school at the University of Chicago.

Mary A. Harman, of Butterworth Hospital, attended the Hospital Dietetic Council at San Francisco.

Ardis Bull, who completed the Student Dietitian's Course at Binghamton General Hospital, Binghamton, New York, has accepted a position as assistant at Blodgett Memorial Hospital.

Lenore Healey, who received her degree from Battle Creek College in June, is taking the course for student dietitians at Butterworth Hospital.

Margaret Crozier, formerly first assistant at Blodgett Memorial Hospital, was married October 31st to Frederick Ranney. After an extended wedding trip through the West, Mr. and Mrs. Ranney will reside at Greenville, Michigan. Ardis Bull, second assistant, has been promoted to fill the vacancy.

Phyllis Joyce Lee, therapeutic dietitian at Butterworth Hospital and Virginia Brechwald, dietitian at St. Mary's Hospital, attended the annual meeting of the American Dietetic Association in Washington, D. C.

Neva Chambers Lewis, formerly student dietitian at Butterworth Hospital, has returned to the city as dietitian and cafeteria manager at Union High School. Miss Lewis spent the past year as supervisor of Home Economics in the Mid-Pacific Institute at Honolulu, Hawaii.

The Minnesota Dietetic Association met on Monday, October 1, at the Northwestern Hospital, Minneapolis, Minnesota. The following program was given: "Dietetics as applied to Out-Patient Clinics"—Miss Goldthorpe, Minneapolis General Hospital and Miss Thomas, University Hospital; Round-table discussion "Instructions given to Special Diet Patients"—Miss Rudberg, Ancker Hospital. After the meeting tea was served in the Nurses' Home.

The New York Association of Dietitians met on Wednesday evening, October 17th. Edith Barber of the New York Sun spoke on the dietitian as a free-lance worker, enumerating the types of work open to her. She emphasized the requisites of a competent dietitian and the importance to the dietitian of jealously guarding her professional standing.

Miss Barber was followed by Lulu Graves

who discussed the work of the consulting dietitian. She outlined the activities of the visiting dietitian who goes into the patient's home to assist the physician in the management of metabolic cases. The speaker also talked on planning institution kitchens here and abroad, and commented on the splendid spirit of advancement she found throughout the States on her western trip this summer.

The Washington Branch of the American Dietetic Association met on October 19th. The following officers were elected for the coming year: President, Flora McLaughlin, Tacoma General Hospital; Vice President, Gertrude Stevens, Northern Pacific Hospital, Tacoma; Secretary, Bernice Wait, University of Washington; Treasurer, Dorothy Goodrich, Children's Orthopedic Hospital.

Mabel Flanley, formerly dietitian at Seattle General Hospital, has opened an office in Seattle and is now doing consultant work.

Doreen Aldwell is now chief dietitian at Seattle General Hospital and Catherine Noonan is her assistant.

Louise Polly has returned to the Virginia Mason Hospital to take charge of the Dietary Department. They expect to have a new building for this purpose very soon.

Margaret Terrell has succeeded Ruth Lusby as director of the University of Washington Commons.

Massachusetts Dietetic Association. At the opening meeting in October Dr. Sidney M. Bunker of McLean Hospital gave an interesting talk on "Employment Psychology." He listed the different types of employees with the characteristics peculiar to each.

Mr. Wallace M. Leonard of the Research Department of the United Fruit Co., was the speaker at the November Meeting. He gave an illustrated lecture on "The Banana in Diet." He told of the history of bananas, how they were grown and packed to be shipped to all parts of the world. 56,000,000 bunches of bananas were imported to the United States and Canada last year, which shows their great popularity in the diet.

The Batchelder E. Snyder Company took the association members on a tour of inspection of their large wholesale plant. There were exhibitions in the meat, fish, fruit and vegetable and canned goods departments, the head of each department gave a short talk. Mr. Frederick S. Snyder gave an instructive and helpful talk on "Buying."

Miss Quindara Oliver was married to Mr. Chester Carlton Dodge on the 30th of July.

At the Boston City Hospital, the food clinic has been started in the out-patient department. Mae Lynch is in charge of the clinic.

Thirty-one Massachusetts dietitians attended the convention in Washington. Reports of the American Dietetic Association Meetings were given at the November meeting by members who attended the convention.

Sixteen new members have been voted in this year. Beulah Becker who received her M. S. degree from the University of Iowa Hospital last year is in charge of the Metabolism Ward at the Massachusetts General Hospital. Constance Fulton resigned that position and is at home in Pittsburgh.

Mary Robertson is an assistant dietitian at the Peter Bent Brigham Hospital taking the position of Elizabeth Bellinger who resigned in October.

Eleanor Wellman and Imogene McMurtrey are the assistant dietitians at the New England Deaconess Hospital.

At the Children's Hospital, Marion Woolworth and Frances Learned are the assistant dietitians.

The Southeastern Michigan Dietetic Association elected the following officers for the coming year: President, Mary H. Harrington, University Hospital, Ann Arbor; Vice-President, Margaret G. Brown, Statler Hotel, Detroit; Treasurer, Mrs. Dorothy Knight Hassler, Consultant, 10 Moss Ave., Royal Oak, Secretary, Mable MacLachlan, University Hospital, Ann Arbor; Executive Member, Lenna Cooper, Ann Arbor. The following Chairmen of committees were appointed: Program, Dorothy Milavetz, North End Clinic, 936 Holbrook, Detroit; Social, Mary E. Rockwood, University Hospital, Ann Arbor; Membership, Pauline Bailey,

Harper Hospital, Detroit; Constitution and Resolutions, S. Margaret Gillam, University Hospital, Ann Arbor.

The Association extended a hearty invitation to the National Association to meet in Detroit in 1929. The following members attended the Washington meeting to offer our hospitality; Lenna Cooper, University of Michigan; S. Margaret Gillam, University of Michigan Hospital; Mary E. Rockwood, University of Michigan Hospital; Mary M. Harrington, University of Michigan Hospital; Katharine Sheldon, University of Michigan Hospital; Dorothy Milavetz, North End Clinic, Detroit; Pauline Bailey, Harper Hospital, Detroit; Esther Wright, Henry Ford Hospital, Detroit; E. Grace Clarke, Pontiac State Hospital, Pontiac; Selma Walker, Receiving Hospital, Detroit; Marie Sayles, Hurley Hospital, Flint; Verna Kirkpatrick, Harper Hospital, Detroit.

Mrs. Vera Doe has resigned her position at the University of Michigan Hospital and is at her home at Waterloo, Ontario.

Mary Finnegan has deserted the hospital field for commercial work and is now with the Harding Restaurant in Chicago.

Announcements have been received of the marriage of Marian Gallup formerly dietitian at Foote Memorial Hospital at Jackson, Michigan to Eric Juhl. Mr. and Mrs. Juhl will reside in Detroit.

S. Margaret Gillam and Martha Gillies of the University of Michigan Hospital attended the meeting of the American Hospital Association at San Francisco in August.

The Receiving Hospital of Detroit has equipped a new metabolism unit and Selma Walker is in charge of the Dietetics in this department.

Ferne Sutherland has accepted the position as dietitian at the Woman's Hospital, Flint, Michigan.

Georgia Kienzle of Michael Reese Hospital has accepted a position as dietitian at the University of Michigan Hospital in Ann Arbor.

Louise Wilson is now with the Infant Welfare Institute, University of Minnesota.

Gunvor Amundsen is studying at the University of Wisconsin.

Helen Hooker has transferred from the Colonnade Cafeteria in Detroit to the Pittsburgh Branch. Alice Hardeman Smith is now with the Detroit branch.

Reva Hinyan of the Lutheran Hospital, San Francisco was a welcome visitor at the University of Michigan during her eastern trip.

Miss Ward of the Visiting Housekeeper's Association gave an interesting and instructive talk to this Association on October 10th, 1928.

Christine Webber is doing school lunchroom work in Flint Public Schools.

Mary Lois Brown is dietitian at the Montefiore Hospital in New York City.

Leila Rosendahl is at the Methodist Hospital in Houston, Texas.

Monica Garrity is dietitian at Beaumont, Texas.

Annie Barnett has returned to Ann Arbor and is on the staff at the University Hospital.

Elva Pitts is dietitian at the Olean General Hospital in Olean, New York.

Aline Williams is dietitian at the Memorial Hospital of Sandusky County, Fremont, Ohio.

Beth Humphrey has resigned her position at the Nichols Memorial Hospital in Battle Creek and is dietitian in the Tea Room of the New Union Building at Madison, Wisconsin.

Beulah Hunzicker is taking work toward a master's degree at the University of Wisconsin.

Mabel Bailey has left her position at the Lawyer's Club to take charge of a girls' dormitory at Battle Creek College.

Alta Atkinson, formerly of the University of Washington Commons is now business manager at Martha Cook Dormitory for Women at the University of Michigan in Ann Arbor.

Mrs. Irene Linton is Food Director at Herman Kiefer Hospital of Detroit, Michigan.

Marian Lucas is dietitian in charge of the dining rooms at Montefiore Hospital, New York City.

The Rhode Island Dietetic Association elected the following members at the annual meeting. Clara Watkins, President; Helen P. Taylor, Vice President; Alice M. Flint, Secretary; Florence T. Wharff, Treasurer;

Helen S. Munro, Chairman, Program Committee; Margaret Ensign, Chairman, Education Committee; Mrs. Nettie Wilkinson, Chairman, Membership Committee.

Two of our members Gertrude E. Miller and Florence Miller attended the American Dietetic Association convention in Washington. At our November meeting they gave very interesting reports of the convention.

The engagement of Helen Shaw Monro to Dr. Julius Goddard Kelley has been announced. Miss Munro is an assistant dietitian at the Rhode Island Hospital.

On account of illness Helen G. Jacobs resigned from her position as chief dietitian of the Providence Lying-In Hospital. Mildred Clough, who took her student training at the Pawtucket Memorial Hospital, has been appointed to the position.

Agnes Gorton has recently accepted the position of dietitian at the State Hospital in Howard. She was formerly dietitian at the St. Lawrence Hospital, Ogdensburg, N. Y.

Rochester Dietetic Association. At the first meeting of the year on October 2nd, officers for the coming year were elected as follows: President, Effie Winger; Vice President, Anna Paschall; Secretary, Grace Sillman; Treasurer, Ellen Gurnsey.

The meeting was held at the Nurses Home of the Strong Memorial Hospital with an attendance of twenty-seven members. The November meeting was held at the Rochester General Hospital, reports from members who attended the National Convention in Washington were read.

The St. Louis Dietetic Association elected the following officers for the coming year at their September meeting: President, Eugenia Martin, Barnes Hospital; Vice President, Mabel Unger, International Shoe Co.; Treasurer, Hazel Bradburn, Jewish Hospital; Secretary, Claire Escher, Child's Restaurant.

Eva Fleming, formerly dietitian at the new St. Louis Maternity Hospital, was married June 5th, to Dr. James Donahue. They are residing in East St. Louis, Illinois.

Isabel McMenamy, formerly Assistant Dietitian at the Jewish Hospital, is now head of the Department of Nutrition at the El Paso School for Girls, El Paso, Texas. Lucille Paddleford, a Michael Reese student, has taken her place.

One of the most interesting lectures of the year was given at the October meeting of the St. Louis Association, when Dr. Heinberger spoke to us upon the subject of "Food Problems in Northern China." Dr. Heinberger has been in hospital work at Genon, for the past 17 years, working with the Rockefeller Foundation. He is at present studying Methods of Hospital Administration at Washington University, but will return to China to continue his work there. His description of their feasts and the customs attendant upon them, the low cost of labor, the different types of food used in various classes, the lack of education, sanitation, knowledge of proper dietary as well as many other interesting subjects, made his discussion of keen interest to all.

Irene Darrow of Bethesda Hospital, was married in June to Dr. Steinheimer of St. Louis University. They will reside in St. Louis.

Edna Honeywell, of St. Louis who has been doing research work with the Mead Company, was married October 20th to Charles Folsom Brown, Vice President of the Evansville, Indiana, cotton mills. They will make their home in Evansville.

Florence Meredith left the St. Louis City Sanitarium in June to accept a position with the General Hospital at Ashland, Pennsylvania.

Ruth Kahn, formerly administrative dietitian at Barnes Hospital, has been appointed Instructor of Dietetics in the Washington University Metabolism Ward, which is in connection with Barnes Hospital. Mary Alexander of Illinois University has succeeded her.

Marie Hoff, formerly of Bismark, North Dakota, has accepted a position at St. John's Hospital. She is their first dietitian, and is at present busy organizing nurses classes, and the department of diet therapy.

Isabel Curry of the Missouri Baptist Hospital, spent six weeks this summer in England, Scotland, Belgium, and France. During her stay she visited relatives in Scotland.

THE AMERICAN DIETETIC ASSOCIATION

OFFICERS, 1928–29

Honorary President, LULU GRAVES, Consultant, 7 E. 54th St., New York, N. Y.
President, ANNA E. BOLLER, Central Free Dispensary at Rush Medical College, Chicago, Ill.
John Sexton & Company, Chicago, Ill.
Vice-President, MARTHA KOEHNE, University of Tennessee, Knoxville, Tenn.
Second Vice-President, THELMA TUBBS, Peter Bent Brigham Hospital, Boston, Mass.
Secretary, QUINDARA OLIVER, 122 Riverway, Boston, Mass.
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SECTION CHAIRMEN

Administration, LENNA COOPER, University of Michigan, Ann Arbor, Mich.
Dietotherapy, HELEN ANDERSON, Scripps Metabolic Clinic, La Jolla, Calif.
Education, RUTH COOLEY, Jewish Hospital, St. Louis, Missouri
Social Service, CLYDE SCHUMAN, American Red Cross, Washington, D. C.

PROGRAM COMMITTEE

FLORENCE H. SMITH, St. Mary's Hospital, Rochester, Minn.

NOMINATING COMMITTEE

AMALIA LAUTZ — EVA THALLMAN — ELLA ECK
ELIZABETH HAYWARD — MARY A. LINDSLEY

STATEMENT OF INCOME AND EXPENSE

THE AMERICAN DIETETIC ASSOCIATION, CHICAGO, ILLINOIS

FOR THE YEAR ENDED AUGUST 31, 1928

Income

Regular Income		
Journal Advertisements	$612.01	
Journal Subscriptions	644.24	
Membership Dues	5,417.28	
Placement Bureau	1,016.30	
Mimeo and Reprint Sales	141.15	$7,830.98
Convention and Exhibit Income		
Rental of Exhibit Space	$4,660.00	
Luncheons and Banquets	938.75	
Miscellaneous	360.50	5,959.25
Other Income		
Interest on Bonds		59.50
Total Income		$13,849.73

Expense

Office and Administrative Expense			
Administrative Secretary Expense	$40.00		
Dues Paid	30.00		
Educational Sectional Expense	6.00		
General Office Expense	134.74		
Journal Expense	2,702.19		
Office Supplies	168.00		
Officers' Traveling Expense	32.34		
Placement Bureau Stationery	156.60		
Postage	374.33		
Printing and Stationery	271.75		
President's Expense	86.40		
Rent	720.00		
Salaries	2,982.40		
Secretary's Expense	214.08		
Telephone and Telegraph	93.57	$8,012.40	
Convention and Exhibit Expense			
Exhibit Expenses	$508.96		
General Convention Expense	454.25		
Luncheons and Banquets	1,277.64		
Officers' Expense to Convention	811.28		
Publicity Expense	199.32		
Speakers' Expense	305.90		
Non-Commercial Exhibit	98.85		
Program Committee Expense	89.00	3,745.20	
Other Expenses			
Interest and Exchange	$82.01		
Discounts to Local Associations	75.50		
Miscellaneous Expense	40.04		
Depreciation	47.41	244.96	12,002.56
Excess of Income over Expense			$1,847.17

REPRINTS AVAILABLE

Ambulatory Diabetic, The Education of the. W. H. Olmstead, M.D. ..... $.15
Banana, Place of the, in the Diet of Children. Joseph A. Johnston, M.D. ..... .12
Biliary Trace, Some Effects of Diet on the. Glover H. Copher, M.D. ..... .10
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Marketing and Menu Planning. M. Faith McAuley ..... .15
Medical Student, Practical Problems in Dietics for the. Margaret McGovern ..... .08
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Nutrition, Rôle of, in Health Education. Clair E. Turner, C.P.H. ..... .12
Nutrition Round Table of the Massachusetts Dietic Association. Jean Reyner, B.S. .... .08
Nutrition Worker in the Hospital. Helen Hubbell ..... .15
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President's Address. Florence H. Smith ..... .06
President's Address. Ruth Wheeler ..... .10
Protein In the Diet, The Control of. Eugene F. Du Bois, M.D. ..... .30
Reproduction, The Effect of Diet Upon. Donald Macomber ..... .18
Student Dietitians, Current List of Hospitals Giving Approved Course for. Katherine Mitchell Thoma ..... .05
Student Nurses, Bedside Teaching of. Helen J. Hubbell ..... .15
Student Nurses, The Examination of, in Dietetics. Sister M. Domitilla, B.S., R.N. .. .12
Ulcer of the Stomach and Duodenum, Medical Treatment of. Milton M. Portis ..... .10